

**LEHIGH PRESBYTERY HELPING HANDS KATRINA TASK GROUP  
PARTICIPANT APPLICATION / INDIVIDUAL REGISTRATION FORM**

*One Week*                      **2008**

*Two Weeks*                **2008**

*October 25-November 2*   

*October 18-November 2*  

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Home Church \_\_\_\_\_

*Note: All information provided will be kept confidential, to be available only as necessary.*

**EMERGENCY CONTACT(S)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**PERSONAL INFORMATION**

Health Insurance Co (Coverage Required) \_\_\_\_\_

Policy # \_\_\_\_\_ Phone# \_\_\_\_\_

Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

Current health/allergy problems \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Current Medications \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ T-Shirt Size (S,M,L,XL) \_\_\_\_\_

**RELEASE/CONSENT-WAIVER OF LIABILITY**

In consideration for being accepted by Lehigh Presbytery for participation in this work team, I hereby release, forever discharge and agree to hold harmless said Presbytery for any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned participating in the above named program. The undersigned further hereby agrees to defend, hold harmless and indemnify said Presbytery, its officers, board, employees and agents, for any liability sustained by said Presbytery as a result of the negligent, willful or intentional acts of said participant, including expenses incurred.

*I have read the foregoing and understand the rules of conduct as outlined. I certify that I am of lawful age and competent to sign this Waiver of Liability having done so voluntarily.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please return completed forms and \$160 registration fee to:

Lehigh Presbytery, 710 N. Cedar Crest Blvd., Allentown PA 18104-3494

*Based on housing availability in Mississippi, spaces are limited and will be filled as registration/fee is received in the Presbytery office.*

**NOTE: No registration fee will be refunded after October 4, 2008**