

OGRACEWORKS

A Ministry of Grace Episcopal Church, Woodlawn

2Peter 3:18

June 5 through July 21, 2017

Participant's Application

Name (Please print) _____

Date of Birth _____ Age _____ Grade NEXT school year _____

Proof of age is required when application is submitted.

Parent/Guardian's name _____

Applicant's address _____

Applicant's phone number _____ Guardian's number _____

Applicant is ___ Male ___ Female

Applicant: list any allergies _____

Emergency contact person _____ phone number _____

Please answer each question. Medical information will be used to insure participants' protection and may not be used to disqualify a participant from the program.

- Are you able to work outside in the summer heat? _____
- Are you allergic to insect bites, poison ivy, poison oak, the sun, or other environmental material?

- If so what precautions or medicines are required for your protection?

- Medical Insurance Name _____
- Do you have any health issues restricting your physical activities? _____
- If so please explain _____
- Will you be able to work for several hours without using your cell phone or MP3 player? _____
- Have you ever worked with electric drills, saws and other carpentry tools? _____
- If so which tools? _____
- Can you be at Grace Episcopal Church in Woodlawn by 7:30 each week day June 5 through July 21? ___
- Are you physically able to work, with breaks, from 8:30 to 3:00 daily? _____

Shirt size S M L XL 2XL

I agree to follow the safety rules and all instructions given to me by the supervising adults while participating in the GraceWorks program. I understand I am responsible for my personal actions and language and I am expected to participate in creating an environment of acceptance and respect for myself, my peers, and all persons involved in the project. I am required to participate in all activities and projects in a positive manner. I understand inappropriate sexual behavior, the use or possession of tobacco, illegal drugs, alcohol, or weapons of any kind will not be tolerated and will result in disciplinary actions being taken on my behalf. I understand the safety of myself and others in the program is paramount and therefore I will NOT use my cell phone, MP3 player or other digital devices while I am involved in a work project or participating in an activity directly relating to GraceWorks ministry.

I further realize and understand I will be participating in group devotional time, scriptural readings, prayers and other spiritual activities throughout the program.

Participant's signature _____

I give my permission for the supervising adults of GraceWorks to select a physician and seek medical treatment for my child. I understand in order to insure the safety of my child and all other participants, my child will not be allowed to use his/her cell phone, MP3 player or other digital devices while she/he is involved in a work project or participating in an activity directly relating to GraceWorks ministry. I understand that my child will be held responsible for behaving in a manner consistent with the rules and regulations of this program as stated in the project's agreements. I give my permission for photographs of my child to be taken for the purpose of displaying the accomplishments and successes of the projects, and activities during my child's participation in GraceWorks.

I further realize and understand my child will be participating in group devotional time, scriptural readings, prayers and other spiritual activities throughout the program. I certify that all information about my child is correct and any false information given will result in the dismissal of my child from Grace Works. I understand I am responsible for the transportation of my child to Grace Church by 7:30 each morning. I am responsible for insuring transportation is available for my child by 3:00 each afternoon unless otherwise notified by the GraceWorks staff.

Parent's signature _____