



Cross Trails Ministry — Volunteer Registration Form

One per volunteer, please! Please print.

Name _____ Male/Female _____

Preferred Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name(s) (if under 18) _____

Email _____

Home Phone (_____) _____ Work Phone (_____) _____

Emergency Contact _____ Phone (_____) _____

Home Church _____ City _____

If a student, Grade in School 2022-2023 _____

Preferred T-Shirt Size (Adult Sizes) _____

RELEASE

I will not hold Cross Trails Ministry or its staff responsible for accidents, claims and damages arising from my or my volunteer's participation in camp activities. I also give Cross Trails Ministry permission to use any photograph/video of me or my volunteer, taken at Day Camp, in future promotional materials for its sites and programs.

I further acknowledge, understand, appreciates, and agrees that their participation may result in possible exposure to illness from infectious diseases, including, but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. Participant knowingly and freely assumes all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for Participant's participation and exposure.

Signature

Parent/Guardian Signature
(if under 18)

Date