

1. YOUTH PARTICIPANT CONTACT INFORMATION

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Gender: Male/Female

E-mail _____ Age _____

Grade Completed by end of school year _____
(Completion of 6th Grade a MUST)

2. CHURCH/ORGANIZATION CONTACT INFORMATION

Church/Organization Name _____

Youth Leader/Pastor Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

GENERAL INFORMATION

❖ Have you participated in Project Shine in the past? Yes [] No []

❖ Other Ministry and/or Mission Experiences? _____

❖ Please check any and all experience with the following:

_____ Share Testimony	_____ Singing	_____ Dramas
_____ Video Editing	_____ Speaking	_____ Photography
_____ Children's Ministry	_____ Evangelism	_____ Other

T-SHIRT SIZE: SMALL _____ MED. _____ LARGE _____ XL _____ XXL _____

PROJECT SHINE YOUTH 2010 REGISTRATION

MEDICAL INFORMATION

- ❖ Do you have health insurance? Yes ____ No ____
- ❖ If Yes, please provide a copy of your insurance card with this application.
- ❖ Date of last tetanus _____ Date of last physical exam _____
- ❖ Please list any known allergies _____
- ❖ Please list any and all health (physical/emotional) conditions for which you currently take medication(s) _____
- _____
- ❖ Please list any and all medications for the above-listed condition(s) _____
- _____
- ❖ Please bring only enough medication needed for use during the project week(s).
- ❖ Name of physician _____ Phone No. _____
- ❖ Name of dentist/orthodontist _____ Phone No. _____

YOU WILL BE RESPONSIBLE FOR TAKING YOUR OWN MEDICATION!

EMERGENCY CONTACTS

Name _____
Relationship _____
Home Phone _____ Work Phone _____
Cell Phone _____

Name _____
Relationship _____
Home Phone _____ Work Phone _____
Cell Phone _____

ACKNOWLEDGEMENT AND RELEASE

I have read and approve that the information contained in this application is true to the best of my knowledge. You have permission for my son/daughter to participate in Project Shine and its activities. I also understand and approve the use of my son/daughter's photo/digital image for promotional purposes and release Project Shine and the sponsoring churches from responsibility of any injuries sustained during Project Shine or its activities. Further, I have read, understand, and will help my son/daughter comply with the "Expectations" outlined in a separate document.

Parent Signature _____ Date _____

Parent Name Printed _____