

# PARTICIPANT INFORMATION FORM

**Name**  **Date of Birth**  **Sex**  
 Male  Female

**Parent/Guardian Name**  **Have you attended Motown Mission before?**  
 Yes  No

**Age (during Motown)**  **Age Level / Grade in Fall**  **T-Shirt Size (s, m, l, xl, xxl, 3xl)**

**Address (Street)**  **City**  **State**  **Zip**

**Home Phone**  **Cell**  **Email**

**Work Experience** (Please check the boxes below that indicate your experience in each of the following areas.)

	Some/Volunteer Experience	Professional Experience
Carpentry/Rough Construction	<input type="checkbox"/>	<input type="checkbox"/>
Concrete/Masonry	<input type="checkbox"/>	<input type="checkbox"/>
Drywalling	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>

**Personal Commitment:**

I agree to participate in all work skills and servanthood preparation activities with my youth group. I also agree to participate fully in the Motown Mission program, including the work projects and planned programs. I understand a Christian atmosphere and attitude is expected during the program, both at the church and at the worksite. I agree to conduct myself in such a manner and abide by the rules and directions of the Motown Mission leadership. (Please check the box below to indicate your willingness to participate in this way.)

I Agree.

# EMERGENCY MEDICAL FORM

\* Please **attach a copy of your medical insurance card** to this form, and return to your group leader. Group leaders please **return your group's forms to the Motown Mission office at 8000 Woodward Ave., Detroit, Michigan 48202.**

Medical Insurance Company Name

Insurance Company Phone

Company Address (Street, City, State, Zip Code)

Policy Number

Policy Holder's ID #

Relationship to Policyholder

Emergency Contact Name:

Day Phone

Evening

Cell Phone

Emergency Contact on trip?

Yes

Date of last Tetanus shot

Medication(s) you CURRENTLY take (prescribed & over-the-counter – please list all)

Medication(s) you CANNOT take

Any Allergies, Dietary Restrictions, and/or Other health problems or concerns

**Medical Release:**

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to be transported to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills.

I Agree.

**Media Release:**

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by Motown Mission staff. I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Motown Mission and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I Agree.

Signature of Parent or Legal Guardian (if under 18)

Date

Signature of Participant

Date

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