

**Build-A-Home 2024 Registration Form  
First United Methodist Church, Portland, Texas**

**\*\*\*\*\*Please complete front and back side of form\*\*\*\*\***

**REGISTRATION INFORMATION**

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age/grade (minor or in college): \_\_\_\_\_ High School/College/University \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

If Minor, Parent Name and Contact Numbers \_\_\_\_\_

**MEDICAL INFORMATION**

List any allergies (such as food, drug, other) \_\_\_\_\_

List any medications \_\_\_\_\_

List any health restrictions such as diabetic, seizures, heart, back, etc. \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ List any diet restrictions/needs \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**In Case of Emergency call:**

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

Phone: Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**If I, the above-named participant, should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent (unless a family member is available) to such care and treatment as may be given to me by any physician, hospital, or Build-a-Home representative during the period of March 9 through March 15, 2024, and further authorize the release of medical information from my personal medical records for medical purposes, but I do not give permission for redisclosure of this information.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Company \_\_\_\_\_

Name of Insured \_\_\_\_\_

Parental signature if minor \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE OF LIABILITY**

I understand that Build-a-Home Mission Trip, a home building project, is physically demanding. I recognize the risk of injury by participating in this event. I understand that I must assume the risk of injury and any related financial responsibility that could result from participating in these activities. I release First United Methodist Church of Portland, TX, the Reaching our Neighbors Charitable Foundation and Melody Lane Retreat Center, their staff members, directors, and volunteers from all liability for any injury occurring while participating in any activities held during the Build-a-Home Mission Trip.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Parental Signature if a minor \_\_\_\_\_ Date: \_\_\_\_\_

\*If unaccompanied minor, please provide copy of insurance card prior to departure.

**BUILD-A-HOME/WORK/SKILL/INFORMATION**

Please check the days you are attending Build-a-Home:

Sat \_\_\_\_\_ Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

I will sleep at Melody Lane \_\_\_\_\_ (towels & linens provided; no additional cost to participant)

I will sleep in a hotel/make my own arrangements \_\_\_\_\_ (at participant's expense)

I have a truck and am willing to pull a trailer or haul equipment: Yes \_\_\_\_\_ No \_\_\_\_\_

I have experience in the following areas:

Please put a number beside the blank that tells the level of experience you have, 1 for minimal experience up to 5 for lots of experience.

Painting \_\_\_\_\_ Roofing \_\_\_\_\_ Framing \_\_\_\_\_ Sheet Rock \_\_\_\_\_ Tape & Texture \_\_\_\_\_

Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Contracting \_\_\_\_\_ Jack of all Trades \_\_\_\_\_ Cook Team \_\_\_\_\_

\*\*\*Safe Gatherings training is required for participants 18 years of age and older.

Check one: Certified \_\_\_\_\_ or Need training \_\_\_\_\_

For questions or more information contact Pat or Chris Smith at 281-731-9073 (cell) [CLSMITH204@gmail.com] or Gail McCleese at 361-946-1552 [gmccleese1980@gmail.com].

\*\*\*\*\*PLEASE RETURN COMPLETED FORM TO GAIL McCLEESE\*\*\*\*\*