

Together In Mission Services

T.I.M.S

GROUP REGISTRATION PROCEDURE

All registration information should be completed and sent to:

ATTN: Zach Bashore
CHRISTIAN RETREAT CENTER
369 CRC Drive
East Waterford, PA 17021

1. **REGISTRATION:** Fill out the form and send it in with your deposit as soon as possible.
 - Registrations will be processed and work-weeks assigned on a first-come/first-serve basis.
 - A \$500 deposit is required. This is non-transferable and non-refundable.
 - After mailing in your registration and deposit, you will receive a confirmation packet containing all of the details for your week at TIMS.

2. **TEAM LIST (Due May 29, 2020)**
 - This list helps us to identify how many work sites your group will need and what projects your team will receive. Youth Pastors/Leaders will be responsible for assigning work teams. 6 to 10 people is the recommended size.
 - Team lists must include all members who are participating. This includes names, ages, and t-shirt sizes of all in attendance.
 - Teams are requested to bring 1 adult leader for every 5 youth and 1 kitchen helper for every 20 team members.
 - Any changes to the Team List need to be made no later than one month before your arrival. Team member who cancel within two weeks of the arrival date will not be refunded.

3. **MEDICAL FORM (Due May 29, 2020)**
 - Have all members attending (leaders, youth, and kitchen help) fill out the medical forms.

4. Make sure each cook gets a copy of the paper **T.I.M.S. COOKS INFORMATION**

5. Please provide cell phone numbers for adult leaders on the TIMS Cell Phone List **(Due May 29, 2020)**

6. Review and sign our Sexual Abuse Prevention Policy. One copy per group needed. **(Due with registration).**

Registration Form:
Together In Mission Services
Make checks payable to Christian Retreat Center
(Please print clearly)

Date _____

Church/Group: _____

Address of Church: _____
(Street or Post Office Box)

(City)

(State/Province)

(Zip)

Contact Person: _____ Email: _____

Contact Number: (_____) _____ Office Number: _____ Cell Number: _____

Tentative Work Project Dates: (Number in order of preference)

Week 1: July 19-25 _____

Week 2: July 26 – August 1 _____

Group Size (estimate) _____: Adults _____ Youth _____ Children _____ Cooks _____

Specific skills your group will bring to TIMS:

Carpentry: _____

Mechanical: _____

Electrical: _____

Painting: _____

Skills: _____

The total cost per person is \$335.00. (Cooks- free)

A \$500.00 deposit (non-transferable, non-refundable) is to be mailed-in with your registration. Checks are to be made payable to: Christian Retreat Center. The deposit will be subtracted from your total balance due.

TEAM LIST

Due May 29, 2020

Page _____ of _____

(Please make copies of this form as needed)

CHURCH/GROUP NAME _____

The following information is to be completed for each team member. Please mark if the member is a Leader or Student. Duplicate this page as needed to include all members of your group (indicate any part-week participants and which days).

Name _____ **Leader/Student** _____ **Age** (at camp) _____

M _____ **F** _____ **Shirt Size** (adult sizes - circle one) **S M L XL** Other _____

Skills or Interests (include special training/experience- yrs. of experience)

Additional Information (any information that may be helpful for TIMS to know)

Name _____ **Leader/Student** _____ **Age** (at camp) _____

M _____ **F** _____ **Shirt Size** (adult sizes - circle one) **S M L XL** Other _____

Skills or Interests (include special training/experience- yrs. of experience)

Additional Information (any information that may be helpful for TIMS to know)

Name _____ **Leader/Student** _____ **Age** (at camp) _____

M _____ **F** _____ **Shirt Size** (adult sizes - circle one) **S M L XL** Other _____

Skills or Interests (include special training/experience- yrs. of experience)

Additional Information (any information that may be helpful for TIMS to know)

Name _____ **Leader/Student** _____ **Age** (at camp) _____

M _____ **F** _____ **Shirt Size** (adult sizes - circle one) **S M L XL** Other _____

Skills or Interests (include special training/experience- yrs. of experience)

Additional Information (any information that may be helpful for TIMS to know)

Name _____ **Leader/Student** _____ **Age** (at camp) _____

M _____ **F** _____ **Shirt Size** (adult sizes - circle one) **S M L XL** Other _____

Skills or Interests (include special training/experience- yrs. of experience)

Additional Information (any information that may be helpful for TIMS to know)

(Make copies of the medical release form for each student attending)

Name: _____ Age _____ Birthday _____
 FIRST MIDDLE LAST

Year in school _____ Male ___ Female _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ cell _____

Medical insurance company _____ Policy # _____

Parent/Guardians Name _____ Phone: Home _____ Work _____

Alternate Contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Is your child in general good health and able to participate in all normal TIMS activities? Yes ___ No ___

If no please submit a statement of limitations.

Dietary Needs _____ Reason for Dietary Needs _____

Allergies _____

Medications _____ Reason for Medications _____

Physical Disorders _____

Activity Restrictions _____

RELEASE AND WAIVER OF LIABILITY:

(Must be signed by participant and parent/legal guardian if participant is minor.)

The undersigned does hereby release, discharge, indemnify and hold harmless Teens In Missionary Service and Christian Retreat Center and all of their parent and affiliated organizations and all of their officers, agents, contractors, directors, members, participants, and employees from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, my [minor child's] participation in, and attendance with the Teens In Missionary Service ministry and/or any related facilities, including claims or demands for injury or death to me [minor child], or destruction of any of my property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise. This waiver, release and indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate in the Teens In Missionary Service ministry. THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND FULLY UNDERSTANDS ALL OF THE FOREGOING. The terms and provisions of this waiver, release and indemnification shall be binding upon the heirs, executors, administrators of the undersigned, and use of this waiver, release and indemnification in the absence of the signature below, shall constitute acceptance of the terms and conditions herein. THE UNDERSIGNED expressly acknowledges and agrees that the activities of this ministry involve the potential risk of injury and/or death or property damage. THE UNDERSIGNED further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Pennsylvania and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal full force and effect. In signing this form I also give permission to use photographs, audio, video footage including my child in camp publicly, along with any media publication that might cover the TIMS program.

(Date)

(Signature of Participant)

(Signature -parent/legal guardian)

Vehicle Information Sheet

Your vehicle(s) will be needed to transport crews to and from the work-sites during the work camp. Vans, small buses and SUV's are the best vehicles for transporting crews. If you bring a charter bus or customized van, you are still responsible for supplying transportation to the work-sites for the number of participants you bring.

Please provide information about your vehicle(s) in the spaces below. Include a primary driver for each vehicle and any other adults that can also drive that vehicle. If someone is able to drive more than one vehicle, please list them under each vehicle they can drive. All drivers must be at least 21 years of age and fully covered by auto insurance. All vehicles should be safe and in good repair.

Planning for the number of work sites is dependent upon the accuracy of this information. Account for seats being removed from vans, if appropriate.

	<u>Vehicle Type</u>	<u>Capacity</u>	<u>Driver's Name</u>	<u>Age</u>
1				
2				
3				
4				
5				
6				

Please keep a copy of this form for your records.

Information for Kitchen Helper

Kitchen Help Duties

Christian Retreat Center's Food Service Director will be in charge of the kitchen, meal planning and food purchasing.

1. Prepare, cook and serve two meals and one evening snack each day. Also, set up for packing lunches. Recipes and menus are provided. Meals are served Monday morning thru Saturday morning.
2. Clean up kitchen during preparation and after each meal.
3. Clean dining room--tables, chairs, floors, buffet line and coffee station.
4. Let the Food Service Director know when an item is getting low.
5. Run dishwasher. Wash dish towels and aprons as needed.
6. Work in cooperation with the Food Service Director, fellow cooks and all other camp staff.

Housing

Kitchen help will have the opportunity to stay in the White Oak Lodge, provided that they are not also acting as youth leaders who are needed in the cabins for supervision.

Arrival & Departure

Kitchen help needs to report to the Food Service Director in the kitchen by 7:00pm. This will allow time for orientation before Monday morning. Departure time is after the kitchen and dining areas are cleaned Saturday morning after breakfast.

Dress

Bring comfortable clothing suitable for working in the kitchen. Aprons are provided. Shorts are permitted. No open toe shoes. Sneakers are best. Limit jewelry to a wedding band. If you wear rings (other than wedding band), nail polish or artificial nails you will have to wear gloves at all times, per the Pennsylvania Health Department.