2027 Registration Form

West Metro Builders for Christ

Project: _____ **Dates:** _____

*** Must sign second page of form ***

In an effort to encourage young couples to participate, these are our age restrictions: Children 10 years and older may be registered with a parent or grandparent. Children between 5 and 10 years old my be registered with a parent; the parent must provide supervised activities during construction hours. No registration fee will be charged for children under 5 years old. Children under 10 will not be allowed in or near the work area during construction hours. Some local areas may not allow anyone under 16 or 18 years of age on the job site.

Personal Information

Name: _____ Age: _____
Address: _____ Home Phone: _____
City/Zip Code: _____ Cell Phone: _____
E-mail Address: _____

Fees due TBD

Registration fee is **$TBD**. That includes all workday meals.

****Travel costs are not included.****

Make check payable to West Metro Builders for Christ

Bring completed form and fee to a General Meeting.

Or, send *IMMEDIATELY* to: West Metro Builders for Christ

c/o Nancy Jones, Treasurer
1421 Golden Road
Temple, Georgia 30179

Emergency Contact Information (not traveling with you)

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Medical Issues

Date of last Tetanus Shot: _____
Medical conditions (list): _____
Allergies (list): _____
Diet Restrictions (describe; i.e., diabetic, food allergy, vegetarian):
_____

Other: _____

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Name: _____

Housing: Are you planning to make your own housing arrangements? (circle) YES NO

Traveling With: _____

Arrival Date & Time: When are you planning to arrive in Arley: _____

Other comments: _____

Volunteers Declaration

I believe that Jesus wants me to be a part of the West Metro Builders for Christ (WMBC) mission trip. I acknowledge that I am a volunteer and not a paid employee of WMBC. I will not expect any organization with which I work or will be associated with to be responsible or liable to me for any loss or damage to my property; any personal injury or illness; or any other injury that I may suffer. On behalf of myself, my heirs, executors, administrators, and assigns, I hereby release WMBC and its related agencies, any state convention or local association, and any member of the foregoing organizations from any and all such claims or demands.

Photo Waiver

I also understand that photos will be taken during WMBC events, meetings, or mission trips and that the photos my be used for publicity in printed material or on the web site. I hereby authorize WMBC to use the photos in which I appear. I hereby waive any right to inspect or approve the finished photos or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. The term of this authorization shall commence on this date and shall continue for a period of five years thereafter.

_____ _____

Signature (if minor, Signature of Parent or Guardian) Date