



**JUMMP ADULT REGISTRATION FORM**

**June 7-11, 2010**

Church Name First United Methodist Church-Lubbock Contact Person Boyd Goodloe

Name \_\_\_\_\_ Gender (please circle) *M F* Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ e-mail (print clearly) \_\_\_\_\_

Shirt size (please circle) *S M L XL 2XL 3XL* Cell phone number if bringing to JUMMP (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Friend or Relative to be contacted in case of emergency \_\_\_\_\_ Telephone Number \_\_\_\_\_

Hospitalization Insurance Company \_\_\_\_\_ Group/Policy Number \_\_\_\_\_ Ins. Co. Phone Number \_\_\_\_\_

HEALTH HISTORY (please circle any that apply)  
Asthma Fainting Spells Convulsions Diabetes Heart Trouble Sports Restrictions

\_\_\_\_ Allergy or reaction to medication, if so, what? \_\_\_\_\_

\_\_\_\_ None of the above \_\_\_\_ Other, if so what? \_\_\_\_\_

\_\_\_\_ Will you be taking any medication during camp, what? \_\_\_\_\_

**(All medication needs to be in original bottle in a Ziploc bag to be turned in to your Coordinator at Registration)**

\_\_\_\_ Do you have back or knee problems? If so explain \_\_\_\_\_

\_\_\_\_ Do you have any medical problems that restrict your physical movement in any way?  
If so, explain \_\_\_\_\_

Date of last Tetanus immunization: \_\_\_\_\_

**OTHER INFORMATION**

This will be my 1 2 3 4 5 6 7 (circle one) JUMMP camp to attend.

Do you speak Spanish? If so, how much do you speak? \_\_\_\_\_

**Certified in CPR** (please circle) *yes no* **Certified Lifeguard** (please circle) *yes no*

Skills in the following areas: (use this scale: 1 for none to 10 for professional)

Elderly care \_\_\_\_\_ First Aid \_\_\_\_\_ CPR Certification \_\_\_\_\_ Yard Work \_\_\_\_\_

Lifeguard \_\_\_\_\_ Painting \_\_\_\_\_ Basic Carpentry \_\_\_\_\_ Roofing \_\_\_\_\_

PowerPoint or video/photography \_\_\_\_\_ Cooking for groups \_\_\_\_\_

List First and Last Names of **other family members attending this JUMMP Camp:**

By my signature, I, \_\_\_\_\_, agree I will participate fully in the Junior high United Methodist Project (hereafter JUMMP). I understand that by my signature I contract and agree as follows. 1) I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for me, including surgical procedure if advised by attending physician. 2) I knowingly release, absolve, indemnify, and hold harmless JUMMP and any participating churches or organizations from all claims that might result from any injury and/or death to myself. This agreement pertains to all programs and activities including those where transportation is provided. 3) Should medical help be needed, I agree to pay either directly and/or through my own personal health and accident policy all medical or hospital costs incurred by myself. I have listed below, under my signature or on the back of this form, any and all special medical problems concerning myself and I state that I have been given the opportunity to discuss these with one or more of the adult leaders. 4) I will abide by the covenant on the back of this form.

Signature: \_\_\_\_\_

**YOU MUST ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD TO THIS FORM!**



# Covenant of Conduct



As representatives of our families, churches, and Jesus Christ, we are called to uphold a high standard of behavior and attitude. This covenant serves as a reminder of ways we can bring honor to God.

1. I will respect the authority of the adult leaders from my own and the other churches.
2. I will respect the youth from my own and other churches by not using putdowns or initiating violence.
3. On the work site I will do my part in work and clean up.
4. On the work site I will respect my client, their home, and property.
5. I will use good stewardship of my church's property and JUMMP property and materials, and will not participate in or encourage paint fights or other wasteful and harmful activities.
6. I will follow the camp schedule and participate in all of the planned activities.
7. I will behave and dress appropriately by following the JUMMP dress code (packing list).
8. I will privately notify an adult immediately if something wrong is happening.
9. I will promote positive thinking, attitudes and atmosphere by refraining from whining, complaining, moaning or profanity.
10. I will not go into the designated areas of the opposite sex.
11. I will not bring or possess any illegal drugs, alcohol, tobacco products, fireworks, weapons, or **electronic equipment (including cell phones, games, iPods, MP3 players, Disc players, etc.)**. *Students will have these items will be confiscated and parents will be notified.*

If I choose to violate terms **1-9** of the covenant, I will receive **ONE** warning from my Work Team Adult if I are on the worksite, then **ONE warning** from my church leader before calling home to discuss my behavior and consequences. If I choose to violate terms **10 or 11**, **my parents may be called to pick me up**.

As an adult participant, by my signature on the registration form, I understand that along with the youth, I am expected to abide by this covenant and its consequences. As an adult, I am encouraged to use my cell phone for official JUMMP mission trip purposes only and will have it for safety reasons.