



CitySERVE 2010 Registration Form



(Please make additional copies of both sides as needed.)

Name Age

Address City, State, Zip

Email address

Phone Number Cell Phone Number

Please complete the Medical Release/Consent Form on the reverse.

Both sides of this form must be completed by all participants.

Registration Cost

Total participants registering _____ X \$15 each = \$ _____ (total enclosed)

Please enclose payment and registration form(s).
Mail it to Building Hope in the City at 2031 West 30 Street, Cleveland, OH 44113,
or drop it off in the school office at Lutheran West.

Please make checks payable to: Building Hope in the City.

CitySERVE cannot guarantee your spot without pre-registration and payment.
Registration deadline is April 23. (Cost is \$20 per person after April 23.)

To complete your registration, bring one canned food item with you to CitySERVE!

Please indicate on the line below which group (if any) you would like to work with.

*We will work to assign groups together; however, there is no guarantee
that all requests can be met.*

Medical Release and Consent Form

MEDICAL RELEASE: I/we, the undersigned, are the parents or the legal guardians of _____, a minor, and have given consent for him/her to attend **CitySERVE 2010** being coordinated by Building Hope in the City (BHITC) and Lutheran High School West (LHSW) on May 1, 2010. If it is necessary or desirable that I/we/our youth named above be provided medical treatment, BHITC, LHSW, its agents or representatives are hereby authorized to provide and/or seek medical attention, including, but not limited to, first aid, cardio pulmonary resuscitation, professional emergency medical care and otherwise. I/we agree to be financially responsible for the cost of any medical care afforded to me/us/our youth, and will hold BHITC, LHSW harmless from any demands for such costs.

LIABILITY RELEASE: I/we understand that there are inherent risks involved in any youth event, and I/we hereby release BHITC, LHSW, their agents, and volunteer workers from any and all liability for any injury, loss, or damage, to person or property that may occur during the course of my/our involvement with CitySERVE 2010.

TRANSPORTATION RELEASE: I/we understand that LHSW and its designated pick-up and drop-off locations cannot and do not serve as an insurer of participant's safety, and that, whether through the negligence of LHSW, its pick-up/drop-off locations, third parties or otherwise, accidents can and sometimes do happen. In consideration for allowing participants to take part in Lutheran West school bussing, I/we release and agree to hold harmless LHSW, its pick-up/drop-off locations, its agents and representatives from and against any and all liability or responsibility for injury or damages caused to participants in connection with this transportation. I/we further recognize that to expect or call upon LHSW to accept responsibility and/or assume liability for such potential injury or damage could result in such additional costs to LHSW that bussing may not be offered in the future.

PHOTO RELEASE: I/we consent to and authorize the use and reproduction, in print or electronic format by LHSW, BHITC or anyone authorized by these organizations, of any and all photographs and audio and visual recordings which have been taken on this day for marketing purposes, without compensation.

Release/Consent Signatures – FOR THOSE UNDER 18 YEARS

Participant's Name

Participant's Signature

Parent/Guardian Name

Signature

Date

Release/Consent Signature – ADULT PARTICIPANT

Participant's Name

Participant's Signature

MEDICAL EMERGENCY INFORMATION

Health Insurance Provider

Policy/Group Number

Doctor's Name

List of allergies/medication needs: _____

Emergency Contact Name

Emergency Contact Number(s)

Relationship to Participant