

Durham Summer Service Week Registration 2012

Thank you for your interest in the Durham Summer Service Week! We're anticipating a week of good work, fellowship, reflection, and learning more about our community and ourselves.

Your complete application is due by May 1, 2012*, and includes:

1. *this registration form,*
2. *a photocopy of your medical insurance card, and*
3. *your first payment of \$150. (Checks should be made out to **First Presbyterian Church**, with "DSSW" in the memo line.).*

The remaining tuition (\$150 or \$175*) is due by May 15, 2012. Refunds of full tuition – less a \$30 nonrefundable registration fee – will be granted until May 15. After May 15, refunds will be provided minus a \$50 cancellation fee only if the space is filled by another student.

Deadlines:

- *Applications w/early bird discount*: April 1*
- *All applications: May 1*
- *Full tuition payment: May 15*

Early Bird Discount: Applications postmarked **on or before April 1, 2012, are eligible for the "early bird" tuition of \$300. Tuition for applications submitted **after** April 1 is \$325.00.*

Send your complete application to
DSSW
c/o First Presbyterian Church
attn: Christyn Klinck
305 East Main St.
Durham, NC 27701

Questions? Contact Christyn Klinck at info@durhamsummerservice.org

Thanks again for applying. We look forward to meeting you soon.

*Christyn Klinck, Executive Director
Durham Summer Service Week*

DSSW 2012 Registration

Session for which you are applying:

_____ **Home:** June 18-22, 8:30 a.m. to 5:30 p.m. daily*

_____ **Nourish:** June 25-June 29, 10:30 a.m. to 7:00 p.m. daily*

**A 2-hour orientation will be held on Sunday afternoon preceding each week. Due to the timing of some of our projects, a few days will have an optional earlier start time or later end time.*

I have enclosed \$ _____ for _____ participants in DSSW.

I have enclosed an additional tax-deductible donation of _____ to help support DSSW.

Participant's Name: _____ Email: _____

Phone (H): _____ (C): _____

Address: _____

Birthdate: _____ Age (minimum age 13): _____

School in 2012-'13: _____ Grade in 2012-'13 (minimum grade 9th): _____

Parent/Guardian Information

1) Name: _____ Email: _____

Phone (H): _____ (W): _____ (C): _____

2) Name: _____ Email: _____

Phone (H): _____ (W): _____ (C): _____

Service Information

1) Have you participated in service work before? ____
If so, please describe:

2) Have you any experience in construction or food preparation? __
If so, please describe:

Durham Summer Service Week Participation Agreement and Medical Release Form

ACTIVITY INFORMATION

Sponsoring Organization: **Durham Summer Service Week**

Address: **305 E. Main Street, Durham, NC 27701**

Sponsor Coordinator: **Christyn Klinck, info@durhamsummerservice.org**

Description of Activity: **Durham Summer Service Week, including traveling in activity bus, recreation, swimming, home improvement, meal preparation, and other service projects.**

Location of Activity: **Durham, NC**

Please circle dates for which you are applying: **June 19-June 24** or **June 26-July 1, 2011**

Participant and Medical Information

(to be completed by participant or an authorized guardian)

Name of participant:		
Age:	Date of Birth:	
Address:		
City:	State:	ZIP Code:
Telephone:		
Name of Emergency Contact:		
Emergency Telephone (day and evening):		
Name(s) of Parent(s)/Guardian(s):		
Medication (currently using):		
Allergies:		
Other information important to the care of the participant (e.g., asthma, physical limitations, dietary restrictions, etc.):		

Name of participant:
Family doctor :
Doctor's address:
Doctor's phone number:
Is sponsor authorized to approve medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred hospital:
Is participant covered by personal/family medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of insurer:
Group and Policy Number:
(please include a copy of the front and back of insurance card)

PARTICIPATION AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility of any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: (Participant or parent/guardian if participant is a minor)
Date: