

**North Springs Alliance Church**  
**ADULT Volunteer Registration Form**  
*(18+ years of age)*

Name \_\_\_\_\_ Gender M F  
T-shirt size (please circle one): *women's* s m l xl *men's* s m l xl xxl xxxl  
Church/Group \_\_\_\_\_ Leader \_\_\_\_\_  
Have you or a member of your family been involved with The Colorado Springs Project? Yes No  
Home Phone \_\_\_\_\_ cell \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Current Age \_\_\_\_\_  
Your Email Address \_\_\_\_\_

**Contact Information**

Spouse/Emergency Contact Full name(s) \_\_\_\_\_  
*Please circle one: Spouse Emergency Contact*  
Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
In case spouse/emergency contact cannot be reached, please call \_\_\_\_\_  
at phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

**Medical Information**

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Ins. Carrier's Phone Number \_\_\_\_\_ Primary Care Physician \_\_\_\_\_  
Primary Care Physician's Phone Number \_\_\_\_\_  
Current medications \_\_\_\_\_  
Date of last tetanus shot \_\_\_\_\_  
Allergies (Drug, food, etc.) /Special Medical Needs \_\_\_\_\_  
\_\_\_\_\_

**Release from Liability**

I hereby release North Springs Alliance Church, its staff and members of the board of directors, from any liability for injury that I may sustain during The Project's activities. In case of illness or injury, and in the event I am unable to respond, I authorize Project staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Signature \_\_\_\_\_  
Date \_\_\_\_\_