

**FORGE FLINT  
PARTICIPANT HEALTH FORM**

Name: \_\_\_\_\_  
                                    Last  First  Middle

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Eve. Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Eve. Phone \_\_\_\_\_

If my parent is not available in an emergency, notify:

\_\_\_\_\_ Phone: \_\_\_\_\_

**Health History: (circle all that apply)**

**Diseases/Illnesses:**

- Asthma             German Measles             Mono             Bleeding Disorder   Heart Problems
- Mumps            Cancer             High Blood Pressure   Recurring Strep Inf.
- Chicken Pox             Hypoglycemia             Respiratory Problems             Diabetes
- Kidney Problems         Respiratory Problems             Ear Infections   Knee Problems
- Eating Disorders         Measles

**Allergies: Drug Allergies: (List any medication you are allergic to)**

\_\_\_\_\_

- Hay Fever             Insect Stings             Ivy Poisoning             Other

Have you been out of the USA in the past 9 months? \_\_\_\_\_

If so, where? \_\_\_\_\_

**Immunizations:**

Tetanus – Date of Last Tetanus: \_\_\_\_\_

Have you been (in the past 12 months) or are you currently being treated for a psychiatric/psychological disorder? \_\_\_\_\_

If yes, please explain:

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List any previous surgeries or injuries (Give Dates):

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Any illness occurring within the last 5 years that caused you to miss school or work for more than 3 days:

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I am covered under my parents' Medical Insurance Plan: \_\_\_ Yes \_\_\_ No

If so, name of Insurance Company:

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I have Medical Insurance of my own: \_\_\_ Yes \_\_\_ No

If so, name of Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Insurance Policy Phone #: \_\_\_\_\_

**Consent for Treatment**

I hereby give permission to the physician selected by the Forge Flint Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for myself.

(Guardian signature required if under 18 years of age).

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

Date: \_\_\_\_\_

**Statement of Activities and Release of Liability Form**  
**(For Forge participants age eighteen years and older)**

Forge Flint, Incorporated, is an inner-city home repair ministry in Flint, Michigan. Forge is a not for profit corporation. Volunteers participating in Forge will be expected to participate in specific construction activities including, but not limited to demolition, roofing, carpentry, digging, plumbing, glasswork, painting, flooring, masonry, exposure to hazardous material, and other facets of construction. These activities may include, but are not limited to, the use of power tools such as saws and drills, as well as the use of hand tools. The activities may also require climbing with and without supplies, tools and materials as well as working in high places such as roofs and other facets of construction work. Participants will also be involved in food preparation and service. In their free time, volunteers may choose to engage in activities including, but not limited to sports, swimming, hiking, shopping, touring, or other activities of their choosing. Forge may sponsor some recreational activities, which may include, but are not limited to swimming, basketball, volleyball, baseball, football, and frisbee. Other activities include but are not limited to travel to homes, parks, theaters, churches, restaurants and shops. Volunteers are not required to engage in any activity in which they feel they are not able to safely participate.

I, \_\_\_\_\_, have read the foregoing statement of activities in which I will participate, and hereby release and discharge Forge Flint, Incorporated, and its officers, directors, agents, employees, volunteers, and all persons connected therewith from any and all liability, claims and causes or action of any type whatsoever arising out of or in any way connected with my participation in the activities of Forge Flint, Incorporated, on \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date).

I give permission for photographs and/or videos to be taken of me while participating in Forge activities. I understand that these photos and/or videos may be used on the Forge website, brochures, or other promotional material. Please circle either "Yes" or "No" below:

Yes                      No

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

## STATEMENT OF ACTIVITIES AND RELEASE OF LIABILITY FORM

**(For Forge participants age seventeen years and younger)**

Forge Flint, Incorporated, is an inner-city home repair ministry in Flint, Michigan. Forge is a not for profit corporation. Volunteers participating in Forge will be engaged in construction activities including, but not limited to demolition, roofing, carpentry, digging, plumbing, glasswork, painting, flooring, masonry, exposure to hazardous material, and other facets of construction. These activities may include, but are not limited to, the use of power tools such as saws and drills, as well as the use of hand tools. The activities may also require climbing with and without supplies, tools and materials as well as working in high places such as roofs and other types of construction work. Participants will also be involved in food preparation and service. In their free time, volunteers may choose to engage in activities including, but not limited to, sports, hiking, shopping, touring, or other activities of their choosing. Forge may sponsor some recreation activities, which may include, but are not limited to, swimming, basketball, volleyball, baseball, football, and Frisbee. Other activities include but are not limited to, travel to homes, parks, theaters, churches, restaurants, and shops. Volunteers are not required to engage in any activity in which they feel they are not able to safely participate.

I/We, \_\_\_\_\_ and \_\_\_\_\_,  
parent(s) or guardian(s) of \_\_\_\_\_, A minor, jointly and severally as  
parent(s) and guardian(s) of the minor child have read the foregoing statement of activities,  
understand the extent and nature of the activities in which my/our child/ward will participate,  
and hereby release and discharge Forge Flint, Incorporated, and its officers, directors, agents,  
employees, volunteers, and all persons connected therewith from any and all liability, claims and  
causes or action of any type whatsoever arising out of or in any way connected with said child's  
participation in the activities of the Forge Flint, Incorporated, on \_\_\_\_\_ (start  
date) to \_\_\_\_\_ (end date). I/We, give permission for photographs and/or videos  
to be taken of the minor listed above while participating in Forge  
activities. I understand that these photos and/or videos may be used on the Forge website,  
brochures, or other promotional material. Please check either "Yes" or "No" below:

Yes

No

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Print Name \_\_\_\_\_

Church Name \_\_\_\_\_

Child's email \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent's email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_