



Central Virginia Raceway Ministries (CVRM)
3111 Moss Side Avenue, Richmond, VA 23222 ♦ 804-329-1701

NASCAR RACE WEEKEND APRIL 18-19, 2020
Richmond Raceway Complex
800 E. Laburnum Avenue, Richmond, VA 23222

REGISTRATION SHEET FOR CHILD/TEEN VOLUNTEER
(18 years old or younger)

Child/Teen will be serving under supervision of: ___ Parent(s) ___ Church Group Leader(s)

Child/Teen Name _____ Age: _____

Parents' Names: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell: _____ Email: _____

If Child/Teen is Volunteering as part of a Church Group, the following information is needed:

Church Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Church Group Leader(s): _____ Cell: _____

IMPORTANT INFORMATION ABOUT CVRM MINISTRY TO BE READ AND ACKNOWLEDGED

CENTRAL VIRGINIA RACEWAY MINISTRIES (CVRM) has been granted the unique opportunity to minister through Richmond Raceway's (RR) Guest Services as **Ambassadors of Goodwill** not just to provide race fans with the practical information about the raceway complex and services, but most importantly to be a witness of Christ's love through the activities and services offered at CVRM ministry sites. Many volunteers, of all ages, are needed to reach out to race fans, track employees and emergency rescue workers by offering cups of cold water and homemade cookies; a chance to sit down under the tent to listen to Christian music or be entertained by a clown or juggler; to share literature with the Christian testimony of NASCAR drivers or an inspirational video; assist with activities during a Kids Corner.

Volunteers, of all ages, should be familiar with and conduct themselves in such a way to promote the goals of CVRM which include: making the experience at each racing event as positive and enjoyable as possible; providing services and activities "free of charge" to all during race weekends; maintaining a witness of moral stability among race fans to provide a positive influence as we minister as ambassadors of goodwill; providing wholesome, quality services and activities that preserve and promote an already strong "family-friendly" environment at RR; and providing scheduled services of Christian worship during race weekends.

CVRM will take all precautions to ensure the safety of all child/teen volunteers, but CVRM or RR cannot be held liable for injuries resulting from the use of our facilities or equipment. **CVRM requires that all children/teens, under the age of 18, remain under the direct supervision of either their parent(s) or designated church group leader(s) at all times when volunteering.** We ask for the cooperation of the parents or designated group leaders to help ensure the proper conduct of all child/teen volunteers and help monitor the safety of all children/teens.

*Ministry locations for Child/Teen Volunteers are assigned at Check-In at CVRM Main Tent Site.

Parents and/or Designated Church Group Leaders are asked to sign this document below and return it to: Charles Ward, 1214 Old Francis Rd, Glen Allen, VA 23059.

As parent of _____, I have read and understand the conditions described above and accept responsibility for my child as we volunteer in ministry together or grant supervisory permission for the designated church group leader, who has signed below:

Parent Signature

Date

Designated Church Group Leader Signature

Date

Permission is granted to make additional copies of this form.
PLEASE COMPLETE MEDICAL RELEASE FORM ON OTHER SIDE



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CHILD/TEEN MEDICAL INFORMATION AND MEDICAL RELEASE

Name _____ Age _____ Date of Birth _____

Address _____ City _____ ST ___ ZIP _____

Parent or Legal Guardian _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent Email: _____

Medication (currently using) _____

Allergies (to medication) _____

Family Doctor: _____ Address: _____

City, ST, Zip _____

Phone _____ Insurance carrier for child/teen _____

Policy Number _____ Date of last Tetanus shot _____

PARENT/GUARDIAN INFORMATION

I (Parent or legal guardian) _____, do hereby give permission for my child/teen, _____, to receive medical care for any illness or injury. This includes the use of over the counter medications. Any medications given will be noted on this form: _____.

Signed _____ Date _____

FOR QUESTIONS OR INFORMATION ABOUT CENTRAL VIRGINIA RACEWAY MINISTRIES, CONTACT:
CHARLES WARD, VOLUNTEER COORDINATOR OR **TODD COMBEE, TEAM LEADER**
1214 Old Francis Rd, Glen Allen, VA 23059 **9458 Lady Elizabeth Ln, Mechanicsville, VA 23116**
(H) 804-262-3612 OR (C) 804-317-0094 **(H) 804-730-4510 OR (C) 804-357-3570**
EMAIL: abcdward73@yahoo.com **Email: tcombee82@gmail.com**

Permission is granted to make additional copies of this form.
PLEASE COMPLETE CHILD/TEEN REGISTRATION FORM ON OTHER SIDE!