

# Youth Camp

## Camper Registration Form



### DATES

Monday,  
June 20 through  
Friday,  
June 24



### CAMP FEES

\$180 Early Bird Discount  
with \$50 deposit by May 15

\$210 Regular Price  
postmarked by June 1

(\$20 late fee after June 1)

### Personal Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Male or Female (*circle one*)

Email Address: \_\_\_\_\_

### Church Information:

Name of Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Youth Worker: \_\_\_\_\_

*I understand that my attendance at youth camp is a privilege and look forward to the opportunity to attend. I agree to follow the policies of International Connections leadership and Camp Windermere in Christ-like character.*

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

# INTERNATIONAL CONNECTIONS YOUTH CAMP 2011!

## RELEASE / AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, \_\_\_\_\_, the parent/guardian of (student's name) \_\_\_\_\_, permit my child to participate in all the activities of the Youth Camp at Camp Windermere, located in Roach, MO. This permission shall cover the time period of June 20-24, 2011. I do not hold responsible any either ministry or any faculty or staff member representing International Christian Leadership Connections and Family of Faith Fellowship of any and all liabilities incurred in travel to or from and while at camp.

\_\_\_\_\_  
Signature of Parents/Guardians Having Legal Custody

\_\_\_\_\_  
Date

## AUTHORIZATION FOR MEDICAL CARE OF A MINOR

I, \_\_\_\_\_, the undersigned parent or person having legal custody or legal guardian of \_\_\_\_\_, do hereby authorize Chris Belyeu, Dax Nightingale, or Lauren Sadberry to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon, or dentist in the event I cannot be reached by phone.

In giving this consent, I recognize and understand that in situations where the above named minor requires immediate medical or hospital care, it may not be possible to contact me. I authorize a physician, surgeon or dentist to exercise his professional judgment and assume the risks incident to and choose the necessary treatment from the available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the above named minor.

The above minor is allergic to the following medications(s):


\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parents/Guardians Having Legal Custody


\_\_\_\_\_  
Date

# Youth Camp

## Counselor Application/ Registration Form



DATES  
Monday,  
June 20  
through  
Friday,  
June 24



CAMP FEE  
\$170

### Personal Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (*circle one*)  
Email Address: \_\_\_\_\_

Are you born again? *Yes or No*  
Are you filled with the Spirit? *Yes or No*  
Are you an active member of this church? *Yes or No*  
How long have you been a member? \_\_\_\_\_  
Which churches have you attended in the past five years?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pastor: \_\_\_\_\_  
Pastor: \_\_\_\_\_  
Pastor: \_\_\_\_\_

Have you ever been arrested for any reason? *Yes or No*  
Convicted of, or pleaded no contest to any crime? *Yes or No*  
Engaged in, or been accused of, any child molestation, exploitation, or abuse? *Yes or No*  
Are you aware of having any traits or tendencies that could pose any threat to children, youth, or others? *Yes or No*  
Are you aware of any reason why you should not work with children, youth, or others? *Yes or No*  
**IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN.**

### Church Information:

Name of Church: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Main Contact: \_\_\_\_\_

### Applicant Verification and Release:

I recognize that International Christian Leadership Connections (ICLC) is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.  
I authorize ICLC to contact the pastor(s) listed on this application, and I further authorize that pastor to provide my background information to ICLC and I release the pastor and ICLC and any of its agents herein from liability involving the communication of information relating to my background or qualifications. I further authorize ICLC to conduct a criminal background investigation if such a check is deemed necessary.  
I agree to abide by policies and procedure of the sponsoring organization and to protect the health and safety of the children or youth at all times. I understand that I am in a position of authority while being under authority of the leadership of the camp.

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

# Pastoral Recommendation for IC Youth Camp Counselors *Summer 2011*

**\*This form to be completed for counselors who have not been counselors at an ICLC youth camp in the last three years.**

## *Release of Information*

Counselor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I voluntarily release the pastor to communicate information to International Connections (IC) relating to my background, abilities, and qualifications for a position as counselor at youth camp. I also release IC, and any of its agents, and my pastor from liability involving the communication of this information.

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date

Counselor Name: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Church: \_\_\_\_\_

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

How long have you known this individual? \_\_\_\_\_

How well do you know this individual? (circle one)    Very Well    Well    Not Well

Is this person born again? (circle one) *Yes or No*

Is this person Spirit filled? (circle one) *Yes or No*

Is this person an active member of your ministry? (circle one) *Yes or No*

Does this person have the spiritual maturity enough to be an effective minister at youth camp?  
(circle one) *Yes or No*

Would you trust your child to this counselor's supervision? (circle one) *Yes or No*

Why or Why not? \_\_\_\_\_

Other comments or concerns? \_\_\_\_\_

Would you like for a representative to call and discuss any other points? *Yes or No*

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

*Thank you for your time and input. God bless you!!!*