

Back-to-Camp Fall Retreat

STAFF Registration Form

www.indianapcpg.org/youth.html

STAFF BACKGROUND CHECKS AND FEES:

- IF you were on staff at Camp 2009 AND had your annual background check its good for the next 12 months following the event.
- IF you did NOT volunteer at Camp 2009, you must submit a \$15 background processing fee with your application

Personal Info

Last Name: _____ First Name: _____

Age: _____ Home Address: _____

City State Zip: _____ Gender: M F

Email: _____ Include me on your email list yes no (must be > 13)

Church/Group Name _____ Church Phone # (____) _____

Senior Pastor's Name _____ Sr. Pastor's Phone #: (____) _____

Personal Reference

Last Name: _____ First Name: _____

Relationship: _____ Contact's Phone # (____) _____

Current & Previous YM Experience

Please describe your current ministry experience, training, and/or positions held:

Emergency & Medical Info

Medical Insurance

Name of Family Physician: _____ Phone: (____) _____

Do you carry medical insurance: YES / NO (circle one) Carrier Name: _____

Phone: (____) _____

Group Policy Number: _____ Name of Policy Holder: _____

Medical Information

Are immunizations current for this student? YES / NO (circle one)

Allergies

Asthma: _____ Lactose Intolerant: _____

Allergies (food, medication, animals, insects, etc): _____

Medical Conditions

Heart Defect Convulsion Seizures Diabetes Bleeding/Clotting

Other – please explain _____

Medications/Prescriptions

Medications: (see policy)

Limitations

Are there any physical/mental limitations or any activities the you should be restricted from?

MEDICAL RELEASE AND LIABILITY FORM

This form must also be signed by the camper's Parent/Legal Guardian if under age 18

I hereby authorize the Indiana District Youth Ministries and/or its representative, as an agent for me to procure medical, hospital or dental care for my child named on this form, in the event of injury or illness while the child is in the care of the above Named. I understand that I am financially responsible for any care procured. It is understood that this authorization given in advance of any specific diagnosis, treatment, or hospital care being required. But is given to proved authority in the part of my agent to consent to such medical care, should it become necessary. I also authorize designated medical professionals to dispense over-the-counter medications as needed to the camper listed above.

Student's Signature: _____ Pastor's Signature: _____

Parent/Guardian Signature (if under age 18) _____

Please note that upon arrival, each student will be examined privately for head lice. If nits of lice are present campers will be turned away with no refund issued. (See our no nit policy in the rules and regulations)

POLICY AND STANDARDS OF BEHAVIOR AGREEMENT

Realizing that the RETREAT is a leadership training institution, and that it has certain ideals which must be maintained, after having read or have had read to me, I agree to abide by the rules and regulations of the RETREAT, and to waiver any and all claims against the Indiana District PCG Organization, The Pentecostal Church of God, any of Its District Board or its representatives, because of any injury or other damage that may be incurred to me or my property in connection with, or incident to, The Pentecostal Church of God.

In addition, I give my permission for any pictures taken by Indiana DYM staff to be used for Indiana District Youth Ministry publications and/or media.

Student's Signature: _____ Pastor's Signature: _____

Parent/Guardian Signature (if under age 18) _____

DYM STAFF HISTORY

Please select the previous DYM events you have volunteered at within the past 2 years.

- | | |
|--|--|
| <input type="checkbox"/> Teen Camp 2009 | <input type="checkbox"/> Teen Camp 2008 |
| <input type="checkbox"/> Kids Camp 2009 | <input type="checkbox"/> Kids Camp 2008 |
| <input type="checkbox"/> Winterfest 2009 | <input type="checkbox"/> Winterfest 2008 |
| <input type="checkbox"/> Teen Jam 2009 | <input type="checkbox"/> Teen Jam 2008 |
| <input type="checkbox"/> Junior Jam 2009 | <input type="checkbox"/> Junior Jam 2008 |

POSITIONS: _____

MAIL YOUR COMPLETED APPLICATION TO THE ADDRESS BELOW

PCG Student Ministries *3916 Corinthian Street Lafayette, IN 47909 *ph 765.490.0960 *