

2012 A.R.M. YOUTH CAMP

Counselor and Helper Registration Form

CAMP DATES: July 19 -- 22, 2012

Please Check One:

Camp Counselor (must be at least 21 yrs of age)

Camp Helper *

*(high school graduate with Pastor's recommendation letter attached)

Name _____

Ministry Title _____

Phone _____

Cell # _____

Email _____

(please print and make sure it is legible)

Home church _____

Age _____ Sex _____

Address _____

City _____

State _____ Zip _____

Pastor _____

Emergency contact name & phone #

Medical Insurance Company

Insurance Policy Number

Did you attend camp last year? Yes No

T-Shirt Order

Size: **Adult:** SM MED LG XL 2XL 3XL Other

Health and General Information

Please check if you have any of the following: A D H D
 Lung Trouble Heart Trouble Ear Trouble Diabetes
 Appendicitis Asthma Hay Fever Sinusitis Tonsillitis

Have you been under medical care within the past 3 months?
 Yes No If so, for what?

Do you have allergic tendencies? (Bee stings, penicillin, poison ivy, etc.)
 Yes No

Do you have any medical or physical disorders that will be a
 Handicap in camp activities, etc.? Yes No
 If so, describe limitation(s)

Do you take any medications? Yes No

All medicines must be left with the nurse to dispense and must be in original container with original label and instructions.

Do you swim? Yes No Good Fair Poor

Counselor/Helper Consents and Releases

1. Conduct Code: Counselor/Helper conduct should adhere to sound moral principles, all camp rules, and policies. The presence or use of tobacco, alcoholic beverages, intoxicants, non-prescription drugs, expressions of profanity or vulgarity, or immodest clothing will not be permitted. Any Counselor/Helper who violates camp rules, is disruptive, is not cooperative with the camp program or others in attendance is subject to dismissal and forfeiture of fees.

2. General and Emergency Medical Authorizations: I hereby give permission to the first aid personnel selected by camp personnel to determine and provide standard first aid care and administer medications sent for myself and over the counter medications; and in an emergency case, to determine and select outside medical personnel and facilities, and I grant permission to such to order x-rays, make routine tests, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for myself.

3. I agree: to attend A.R.M. YOUTH CAMP 2012 and engage in all activities except as noted.

I have read the content of this registration form, and I am knowledgeable of the content and Conduct Pledge. The information recorded on this application form is accurate and complete.

Signature

Date

Registration Cost:

Please Register BY JUNE 1. **\$225.**

There are No Late Registration fees for Counselors/Helpers.

\$75 non-refundable deposit to pre-register

Make checks payable to: **Cornerstone Community Church**

The \$75 deposit is used to reserve a place for your camper or counselor at the camp, to order a T-shirt in his/her size, to reserve a spot in his/her chosen workshops, and any other associated, administrative work needed to make the camp experience fun and rewarding.

NO guarantees for late registrations to receive a T-shirt or a spot in a desired workshop. We will order extra and accommodate as much as possible, but NO GUARANTEES!

SEND: **Mail Registration & \$75 deposit to:**

**2012 A.R.M. Summer Camp
Cornerstone Community Church
6639 St. Mary's Rd.
Floyds Knobs, IN 47119**

More info? (812) 923-7384

Visit our website to register:

www.mycccfamily.com

We need help in the following areas:

Please Check One or More:

- | | |
|--|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Service set-up | <input type="checkbox"/> Intercessory Prayer |
| <input type="checkbox"/> Prophetic | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Chapel Lessons/Games |

NOTE: All counselors and helpers will actively participate in the keeping track of campers in and out of the cabin during times of prayer, ministry, games, meals, etc.

Is there any other information which you feel we should know about you?

Counselor/Helper Policy

- I will keep myself in a good attitude out of respect for God, in view of the sacrifice he has made in the death of his Son for me.
- I will be respectful to other leaders at the camp:
 - - I'll strive to fulfill all duties assigned to me
 - - I'll say only things that benefit others
- I will participate in everything that I'm asked to do by my assigned leader: worship services, workshops, games, cleaning, and whatever else God throws my way.
- I will be a gift to others at camp, willing for God to use me as he sees best.
- I will be an example to all the campers, representing Jesus Christ whenever possible.

Signature of promise _____

Date _____

NO SMOKING

There can be no smoking at camp for any leaders or helpers. The kids are watching, and we must be an example of Jesus Christ.

CAMP REGISTRATION FEES:

DEPOSIT \$ _____

REMAINING REGISTRATION \$ _____

TOTAL SENT \$ _____

BALANCE OWED \$ _____