



# STUDENT REGISTRATION - \$15

CAMP CADIZ | JUNE 26-30, 2016

Please return to: Youth Leader/Pastor or Little River Baptist Association -149 Old Dover Road

COMPLETED GRADES 6-12

REGISTRATION DEADLINE: SUNDAY, JUNE 5<sup>TH</sup>

Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
Please indicate Y (Youth) or A (Adult)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in May 2015: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street City State Zip

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_ Are you allowed to send/receive texts? yes \_\_\_\_\_ no \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

### EMERGENCY CONTACTS

Should the parent/guardian not be available, whom should we contact in case of emergency?

Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Church sponsoring your attendance at Camp Cadiz: \_\_\_\_\_

**PROJECT EXPERIENCE:** Below are potential areas you will have the opportunity to serve in during the week of Camp Cadiz. Please rank the top 5 areas you would be interested in serving, with 1 being top choice. Understand that you may not be given your top choice and you should be prepared to work in any area based on projects submitted that week. Some groups split job responsibilities during the day/week.

- \_\_\_ VBS \_\_\_ Chores for Elderly \_\_\_ Nursing Home Ministry \_\_\_ Painting/Staining \_\_\_ Cooking \_\_\_ Demolition \_\_\_ Preparing Meals
- \_\_\_ Pressure Washing \_\_\_ Cleaning Gutters \_\_\_ Yard Work \_\_\_ Construction \_\_\_ Washing Cars \_\_\_ RAK (Random Acts of Kindness)

Please mark any talents you may have or tools you have used:

\_\_\_ musical instrument \_\_\_ singing \_\_\_ teaching \_\_\_ pressure washer \_\_\_ climbing ladders

\_\_\_ power tools (saws, drills, etc.) \_\_\_ lawn mower \_\_\_ weed eater \_\_\_ hedge trimmer

### TIME AWAY FROM CAMP

Please indicate the days and time student will **need to be away** from Camp Cadiz. Please try to limit time away.

	Mon 6/26	Tues 6/27	Wed 6/28	Thurs 6/29
Morning (before 12/Noon)				
Afternoon (12-4)				
Evening (after 4)				

Reason:

\_\_\_ Work \_\_\_ Doctor \_\_\_ Sports \_\_\_ Family event \_\_\_ Other \_\_\_\_\_

### HEALTH INFORMATION:

Are you currently on any medication?  Yes  No (medication will be turned in to camp medical staff on arrival)  
If so, what \_\_\_\_\_

Are there any food allergies/dietary restrictions?  Yes  No  
If so, what \_\_\_\_\_

Are there other health issues that might hinder your service to work in any area:  Yes  No  
If so, what \_\_\_\_\_

List any medicines or substances (including poison ivy/poison oak) to which you are allergic:  
\_\_\_\_\_

Has your child ever stayed away from home before?  Yes  No

If yes, for an extended period?  Yes  No Does your child sleep walk?  Yes  No

Any additional issues camp staff should be aware of at bedtime? \_\_\_\_\_

Date of Tetanus Shot: \_\_\_/\_\_\_/\_\_\_ Family Physician \_\_\_\_\_ Phone: (\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

I understand that I will be under the guidance and polices of the Little River Baptist Association and its leaders. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder my ministry during this week of service as a Youth Summer Missionary. I understand that use of these substances, or involvement in questionable conduct, will be cause for my parents to be called and I will be sent home.

I hereby authorize \_\_\_\_\_/don't authorize \_\_\_\_\_ the publishing of photographs taken of my child in which he/she may be included with others, including the surrounding areas depicted in said photographs, for use in any and all media without restriction for any private or public purpose. I also grant permission to use his/her name, if desired, in connection with any said publication. I further grant permission to copyright, re-use and republish photographic portraits or pictures of me. I acknowledge that since my child's participation is completely voluntary, neither I nor my child nor any member of my family will receive financial compensation for the use of these photographs. I also release them from any expectation of confidentiality for the use of said photographs.

I hereby affirm that I am the parent/guardian of the minor child listed on this form. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

As a participant in Camp Cadiz, I wish to make clear my understanding, the Little River Baptist Association nor my church, assumes no responsibility for loss of property, damage to same, personal harm or illness that may occur. I, for myself, my heirs, executors, administrators, distributes and assigns, in consideration of my admission to volunteer service and other good and valuable considerations do hereby absolve the Little River Baptist Association and my church and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis on the forgoing.

I, the undersigned parent/guardian, do hereby grant permission for my son/ daughter to attend Camp Cadiz. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the trip, I hereby authorize church representatives to obtain or provide medical treatment for my son/daughter for such injury or illness during the trip, and I hereby hold the Little River Baptist Association & Camp Cadiz leadership, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while on this trip. If this occurs, I hereby authorize the church representatives to refer my son/daughter to a medical treatment center (hospital, etc). I further acknowledge and understand that I will be responsible for any medical bill that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the trip.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release the Little River Baptist Association, it churches, its representatives, and any homeowners from any claims for personal illness or injury that

my son/daughter may sustain during the camp. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the trip and Camp Cadiz.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Youth Leader/Pastor/Camp Cadiz Leader witnessing signature: \_\_\_\_\_

Date \_\_\_\_\_