

JUNIOR HIGH SUMMER CAMP
June 20th-24th, 2016
VOLUNTEER REGISTRATION FORM:
for young people grades 9 through college

NAME OF COUNSELOR: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____ E-MAIL: _____

SHIRT SIZE: _____

SCHOOL ATTENDING: _____

GRADE: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

EMERGENCY PHONE #'s _____

ANY KNOWN ALLERGIES: _____

ANY MEDICATION TAKEN DURING CAMP

We are always in desperate NEED of ADULT drivers

If your parent can help drive any day of summer camp please indicate which day _____

ANY MEDICAL PROBLEMS ADULT STAFF SHOULD BE AWARE OF

In the event reasonable attempts to contact me at the above phone numbers are unsuccessful I hereby give my consent for the administration of any medical or dental treatment deemed necessary on the above child. I agree not to hold the Church of the Resurrection, its staff or volunteers liable for any medical bills or injuries that my child may incur at the camp. This includes transportation by private car to and from any camp activity.

Signature of Parent/Guardian

Date

This year to help defray the cost there is an \$80.00 fee for counselors to participate in the camp
Counselor applications **MUST** be in by June 12th