



Dates

Monday, June 16
through
Friday, June 20

Registration begins at 2:00 p.m.

Camp Fees

\$190 Early Bird Discount with
\$50 deposit by June 1

\$220 Regular Price
postmarked by June 10

(\$20 late fee for on-site
registration)

Youth Camp

Camper Registration

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Age (during camp): _____

Grade Entering: _____ Male or Female (circle one)

Shirt Size (circle one): Small Medium Large X-Large XX-Large

Church Information:

Name of Church: _____

City: _____ State: _____ Zip: _____

Youth Pastor/Sponsor in Charge: _____

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 of Agreement

Date

International Connections

Youth Camp

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 16-20, 2014. I do not hold responsible any ministry, faculty or staff member representing International Christian Leadership Connections and/or Family of Faith Fellowship of any and all liabilities incurred while at camp.

Signature of Parent/Guardian Having Legal Custody

Date

Authorization for Medical Care of Minor:

I, _____, the undersigned parent or person having legal custody or legal guardian of _____, do hereby authorize Chris or Chrissie Belyeu, Dax Nightingale, or John Thompson 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 alternative and to render such care and perform such treatment as he in hi professional judgment determines to be necessary for the health or safety of the above named minor.

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

Signature of Parent/Guardian Having Legal Custody

Date



Dates

Monday, June 16
through
Friday, June 20

*Registration begins at
2:00 p.m.*

Fees

\$175

Youth Camp

Counselor Registration

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Age (during camp): _____

Grade Entering: _____ Male or Female (circle one)

Email Address: _____

Church Information:

Name of Church: _____

City: _____ State: _____ Zip: _____

Youth Pastor/Sponsor in Charge: _____

General Questions: (If you answer yes to any of questions 5-9, please explain.)

1. Are you born again? Yes or No
2. Are you filled with the Holy Spirit? Yes or No
3. Are you an active member of this church? Yes or No
4. How long have you attended? _____
5. Have you ever been arrested for any reason? Yes or No
6. Convicted of, or pleaded no contest to any crime? Yes or No
7. Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes or No
8. Are you aware of having any traits or tendencies that could pose any threat to children, youth, or others? Yes or No
9. Are you aware of any reason why you should not work with children, youth or others? Yes or No

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 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 ICLC Youth Camp Counselors

Summer 2014

**Required for first time counselors*

Release of Information

Counselor Name: _____ Phone: _____

I voluntarily release the pastor to communicate information relating to my background, abilities, and qualifications for a position as counselor at youth camp to International Connections (IC). I also release IC 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!!!