

2021 Greene County Boys' Camp

Staff / Cabin Leader / Assistant Cabin Leader**

Registration & Health Form

****Note: All Assistant Cabin Leaders who have not served previously MUST submit a reference letter from their Pastor.**

Camp Dates: July 26-30, 2021

Camp Fees: \$85

Please confirm camp fees with your church office.

Please complete in blue or black ink.

Please fill out completely.

Name: _____ Position Desired: _____

Spouse's Name **OR** if under 18, your Parents' names: _____

Date of birth: _____ Age as of Camp: _____ Phone: _____

Students Only: Grade completed: _____ School attending in the fall: _____

Address: _____
Street Address City / State / Zip

Email Address: _____

Are you a Christian? _____ Yes _____ No If so, how long? _____

Member of a Southern Baptist Church? _____ Yes _____ No If so, how long? _____

Church Name: _____

Pastor's Name: _____

Present and past positions of leadership in local church, particularly those related to 4th through 7th grade: _____

What experience have you had at Baptist Hill and/or other church camps? _____

Briefly give the testimony of how you accepted Jesus and how He has worked in your life since that day, including the importance of church in your life. _____

Are you comfortable with:

Your ability to lead someone to Christ? _____ Yes _____ No

Leading a cabin devotional? _____ Yes _____ No

Your ability to keep discipline in the cabin and camp setting? _____ Yes _____ No

Can you represent a Biblical lifestyle to the campers in your words and actions? _____

Have you ever been arrested for, prosecuted, or convicted of any form of child abuse or molestation? _____

Do you have physical limitations that require special arrangements as a staffer? _____

If so, what can we do for you? _____

Are you a certified lifeguard? _____ Do you have a Commercial Driver's License? _____

Please list abilities or gifts you have that might be beneficial to camp: _____

Grade of children with which I work best (circle all that apply): 4 5 6 7 all

Pre-camp children (birth through 3rd grade) that I will be bringing to camp:

Name	Birthdate	Age	Grade Entering	T-shirt Size

This is a two-page form. Please complete the reverse side and sign. → → →

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Name: _____

ADULT T-Shirt Size: Small Medium Large X-Large XX-Large Other _____

STAFF ONLY (Check only one):

- I am bringing an RV or tent to stay in.
 I need camp housing. → I would be willing to sleep on a top bunk if necessary. Yes No

If you have a dorm/housing location preference, please specify: _____

Emergency Contact Information. Please list name, relationship, and telephone number for each person:

Please mark any of the below that apply to camper:

- Ear Trouble Heart Trouble Asthma Diabetes Kidney/Bladder Problems
 Sleep Walking Sinus Trouble Bleeder Seizures Emotional Difficulties
 Athlete's Foot Appendix Out Stomach Trouble Other (please list) _____

ALLERGIES: Bee sting Food Poison Ivy Mosquito Bite Penicillin Other _____

Please provide instructions for any marked above.

Will be bringing these medications: (Use additional sheets if necessary.)

Name of Medication	Dosage	How Taken (Chewable, Liquid, Swallowed Tablet, Inhaler, etc.)	Time of Day Taken

*Please bring medication in a bag labeled with camper's name. Please do not send more medication than is needed for the duration of camp. DO NOT SEND OVER-THE-COUNTER MEDICATIONS.

Tetanus shot (DPT) within the last 5 years? Yes _____ No _____

Other shots up-to-date? Yes _____ No _____ If no, please explain _____

Primary care physician: _____ Phone _____

Name of Health Insurance Company: _____ Policy Number _____

Other information nurse needs to know: _____

COMPLETE THIS SECTION IF THE APPLICANT IS A UNDER 18 YEARS OLD:

Permission to give Tylenol? Y or N Permission to give Ibuprofen? Y or N

Permission for camp nurse to treat injuries, sickness, etc. Yes _____ No _____

Permission for camp nurse to treat head lice Yes _____ No _____

As parent/guardian, I give permission for the applicant to attend Boys' Camp as a staff member and participate in all activities. In case of emergency, I understand I will be notified if possible, and I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my camp attendee as named above.

Signed _____ Parent/Guardian Date _____

COMPLETE THIS SECTION IF THE APPLICANT IS 18 YEARS OF AGE OR OLDER:

I realize that if I am accepted to work at Greene County Baptist Hill Boys' Camp, I will comply with all Baptist Hill and Boys' Camp rules, attend any Staff/Cabin Leader training sessions, know my specific responsibilities, and carry them out to the very best of my abilities.

I will notify the Camp Leadership as soon as possible if I find that I am unable to serve. I understand that a criminal record check is required if age 18 or older and a new applicant to Greene County Baptist Association Boys' Camp. (Renewal is required every three years.)

In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for me.

Signed _____ Applicant Date _____