

Youth Camp 2017

Adult Staff Registration Form

All staff members must complete the following registration form. All Camp Counselors must be graduated from high school. Please complete the following forms, include your personal testimony and a referral from your pastor or youth leader.

We are asking that this year the sponsors make a donation of \$50 to help cover the cost of housing, food, activities, guests for the week.

IF YOUR CHURCH IS SENDING AT LEAST 3 OR MORE CAMPERS, WE REQUEST AN EFFORT TO FIND A COUNSELOR TO VOLUNTEER FROM YOUR CHURCH.

It would be greatly appreciated and would make things a lot easier! As a reminder this is not just a getaway but, a chance to make a huge investment in the lives of the young people of this state and district.

Specific openings needed are for Female and Male Cabin Counselors, a nurse, and kitchen staff.

If you or anyone in your church is interested in serving on staff or as a counselor, please have them call me at (715) 559-9083 right away! There is a required background check done for all staff before camp as required by the district.

Please send forms to :

Brett Cole

806 W. Main St.

Wheeler, WI 54772

Please refer to wisnaz.com; click on the YOUTH link for more information.

Last Name: _____ First Name: _____ M.I. _____

Male: ___ Female: ___ D/O/B: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Church Name: _____

I'd like to bunk with: _____

Emergency Contact Name: _____

Emergency Contact Phone#: _____

I agree to provide the needed information for a personal background check as required by the Wisconsin District Church of the Nazarene. Initial: _____

Health Information

Immunization current? ___ Yes ___ No

(If no, please explain why): _____

Is the camper allergic to any medications? ___ Yes ___ No

If Yes, please list _____

Specify any other allergies (bee stings, etc.) _____

Date of last tetanus shot? _____

Check if camper has had: ___ heart trouble ___ diabetes

___ rheumatic fever ___ asthma ___ sleep walking

and other _____

Is camper currently under medical care? ___ Yes ___ No

If Yes, please explain _____

Is the camper currently taking any medications? ___ Yes ___ No

If Yes, list medication and dosage schedule: _____

*****Please Note*** - In adherence to Wisconsin state law, we will require that all campers and staff coming with medication to do the following:**

****All medications MUST have original Pharmacy label.**

Please store your medication in a ziplock bag with your name clearly marked on it.

****All camp medication will be turned in to Brett or Joanna Cole at check-in and registration. Only Exceptions: Exceptions will be made for epi-pens or inhalers that are needed for immediate use in case of emergency.**

If the camper complains of minor pain, may the nurse administer acetaminophen (Tylenol) and / or Ibuprofen? ___ Yes ___ No

Health Insurance Company: _____

Insurance policy#: _____

I certify that I, _____ am in good health and are free from communicable diseases, and am able to participate in all camp activities unless noted. In case of medical and /or surgical emergency, I hereby give my permission to the trained medical staff selected by the camp administration and/or Wisconsin District Church of the Nazarene NYI (camp sponsor) to hospitalize and secure proper treatment for me if, I am unable to do on my own behalf.

I also understand that my participation in this activity can expose me to dangers both from known risks and unanticipated risks. I hereby release and discharge Wisconsin District Church of the Nazarene, its officers, and all camp staff from any and all claims or liability for personal injury or property that I may experience while participating.

Adult Staff Signature: _____ **Date:** _____

*****In the space provided below, please provide a little about yourself and more importantly your personal testimony.