

# Georgia Teen Camp 2019

## Adult Registration Form

- Counselor Cost: \$190. \$50 Deposit and Registration postmarked by May 8th.
- We encourage you to complete this form online at [georgianyi.com/events](http://georgianyi.com/events). Make sure to inform your youth leader if you fill it out online.
- Camp Dates: June 3rd-7th, 2019. For more information about camp including how to prepare, and camp flyer please refer to [georgianyi.com/events](http://georgianyi.com/events)
- If you are under the age of 21 and would like to work as a "worker" please Email us at [georgiateencamp@gmail.com](mailto:georgiateencamp@gmail.com) BEFORE filling out this form.
- **Please attach a national background check. Valid background checks are no more than two years old. Check with Meagan Huff to see if you have a background check on file.**

### Adult Leader Information

(In order to serve as an Adult Leader you must be at least 21 years of age or a paid church staff worker.)

Name: \_\_\_\_\_ Church You Are With: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

In addition to being a dorm counselor, what area / areas are you willing to work in during this event? (security, athletics, team leader, etc) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Medical Information

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

List any other information that might help the camp nurse. etc. \_\_\_\_\_

Any physical limitations that would limit your duties as a worker? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Pastor Recommendation:** To the best of my knowledge, the applicant is qualified to work with teenagers at the GA District Teen Camp and I recommend them.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Counselor Signature:** I certify that no civil, criminal, or church related complaint has ever been sustained or is pending against me for sexual misconduct and I have never been terminated from a position for reasons related to sexual misconduct.

Counselor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Local NYI Presidents are responsible for collecting money, forms, background and turning in one church check for total number of attendees per due dates listed at the top of page one on the student application. Youth Leaders please submit forms and money to: Marietta First Church of the Nazarene Attn: Meagan Huff 4341 Dallas Highway, Marietta, GA 30064. By signing you also acknowledge that you are aware that camp ends at noon on Friday and you will have transportation to pick up teens.**

Youth Pastor/ NYI Pres. Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Need Assistance? Please contact us at [georgiateencamp@gmail.com](mailto:georgiateencamp@gmail.com)