

2017 JC TRAINING

Camper's Name _____ Sex: Female Male

Address _____

City / State / Zip + 4 _____

Home Phone (_____) _____ Date of Birth ____/____/____

Current Age _____ Grade Entering in the Fall _____ or College

Parent/Guardian Information:

Family Email _____

Father's Name _____

Work # (_____) _____ Cell # (_____) _____

Mother's Name _____

Work # (_____) _____ Cell # (_____) _____

Camper lives with: Both Parents Mother Father

Guardian Name: _____

Work # (_____) _____ Cell # (_____) _____

Medical Information/Permission Form

Doctor Contact Information:

Doctor Name _____ Phone (_____) _____

Date of last tetanus booster _____

Insurance Information:

Insurance Company _____

Policy Number _____ Group # _____

Name under whom camper is insured _____

I, the parent / legal guardian of the camper named on this form, give my permission for the medical personnel at Camp Northward to dispense the following medications:

- | | | | |
|-------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Pepto-Bismol | <input type="checkbox"/> Prescription or |
| <input type="checkbox"/> Advil | <input type="checkbox"/> Tums | <input type="checkbox"/> Antibiotic Cream | Over-the-Counter |
| <input type="checkbox"/> Kaopectate | | | medicine brought by |
| | | | the Parent/Guardian |

Allergies & Medical Conditions:

Allergies: (check all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Hay / Grass |
| <input type="checkbox"/> Other Insect Bites | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Poison ivy, etc. | |

Food Allergies _____

Meds _____

Various Medical Conditions:
check all that apply

- | |
|--|
| <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Other _____ |

Notes: _____

**** Office Use Only ****

Date Attending: March 5 March 19

Conf Ltr: Email Mail Date Sent: _____

Minister Ltr Rec'd with Form: Yes No

Emailed in Date Received: _____

Training Completed: Yes No Approved: Yes No

April 6, 2017 at 6:30 pm
You must attend the
training to be a JC.

Church Info

Are you an immersed believer in Christ?

Yes No, please explain _____

Church where you are a member _____

Minister's Name _____

Yes, Camp Northward has my permission to use any video or photos taken of my child while attending or participating in a camp program to promote Camp Northward and its ministry.

I DO NOT give photo permission

Emergency Contact Info:

Name

Relationship to Camper

(_____) _____
Home Phone

(_____) _____
Work Phone

This person will only be contacted if the parent/guardian cannot be reached.

Junior Counselor Questionnaire

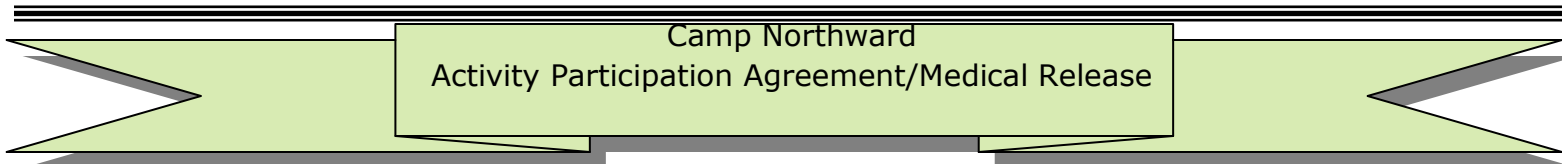
1. In what capacities have you served the church? _____

2. Please list any special talents, if any, that you have. (i.e., playing a musical instrument, song leading, teaching, crafting, etc.)

3. I have attended _____ years as a camper at Camp Northward. (please write the number of years in the space provided)

4. Were you affected by any situation in your lifetime, which might affect the safety of the children who participate in the programs at Camp Northward?

Yes No (if you prefer, you may decline to answer this question, or you may discuss your answer in confidence with the coordinator, rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify you from working at camp.)



In consideration for the opportunity to participate in the activities at Camp Northward, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

Northward Christian Assembly, Inc. insurance only covers medical injuries occurring during the duration of the Camp Northward program. Individual insurance coverage will be primarily responsible for extended coverage and Camp Northward will be limited to secondary coverage only.

I understand that, in the event of an emergency, Camp Northward will make every effort to contact those people listed on this form. In the event that Camp Northward is unable to contact myself or the designated emergency contact, I give my permission to the physician selected by camp management to secure treatment for my child as named on this form. I will not hold Camp Northward, its staff, faculty, or management liable unless guilty of negligence.

I release Camp Northward staff, faculty, officers, and management from any liability and shall not hold them responsible for any articles lost, stolen, or left at the camp.

I understand that completion of this medial form with my signature grants the named camper participation in a Camp Northward program.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____