

Counselor Registration and Participation Agreement

Presbyterian and Reformed Youth Camp: 7/9/18 – 7/13/18

We are excited about your interest in the 2018 Youth Camp! Please take a moment to complete this registration form.

This completed and signed Counselor Registration and Participation Agreement constitutes a request on behalf of the Counselor named below to participate in a Youth Camp ("Camp") sponsored by Grace Presbyterian Church and scheduled to take place at Tahquitz Pines Conference Center in Idyllwild, CA ("Tahquitz"), from Monday, July 9 through Friday, July 13 of 2018.

Counselor Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Sex: Male Female

Home Church: _____ City: _____ Denomination: _____

Are you a member? Yes No

Church Phone: _____ Pastor's Name: _____

Home Address: _____

City, State, Zip: _____ Home Phone: _____

Emergency Contact

Emergency Contact: _____ Phone: _____

Email: _____ Relation to Counselor: _____

Personal Testimony

Please describe your testimony:

Medical Release Agreement

The above-named Counselor acknowledges that he/she carries and is covered by his/her own medical insurance. Tahquitz and Camp staff are safety conscious and follow appropriate safety procedures, and in the event of injury or illness EVERY EFFORT WILL BE MADE TO CONTACT THE EMERGENCY CONTACT NAMED ABOVE. The undersigned authorizes Camp staff to administer first aid, and/or consent to medical treatment where, in the judgment of Camp staff, this becomes necessary.

The health information on this form will only be shared, as needed, with Tahquitz group leaders, Camp staff, and medical professionals to safeguard and support the Counselor. This information will not be publicly disseminated or released to any outside organization.

Counselor's Health History

Describe any relevant health issues:

List any allergies:

List any other conditions, activity restrictions, or special-care needs:

Code of Conduct

It is expected that all Counselors will conduct themselves in a Christian manner at all times during the Camp. Where, in the judgment of Camp staff, and after being warned against such, a Counselor defiantly continues in inappropriate conduct or language, presents significant behavioral problems, or engages in particularly egregious actions that could endanger himself or others, the Counselor may be dismissed from Camp. In such cases, no portion of the Camp fees will be refunded.

Release of Liability

Execution of this Agreement represents an assumption of risk by the Counselor and a waiver of liability for any injuries incurred by the Counselor from participation in activities at the Camp, and explicit indemnification for liabilities of every kind against Grace Presbyterian Church, Tahquitz, Camp staff, or any other person or organization connected with the supervision or operation of the Camp.

The undersigned Counselor hereby acknowledges and represents that he/she is at least 18 years of age, has read this entire document, understands its terms and provisions, recognizes that this is a binding agreement, and is signing below voluntarily and in full cognizance of these facts.

Name of Counselor: _____

Signature of Counselor: _____

Date: _____

For more information visit gracepresbyterian.net/youth-camp or call 714.692.2390.