CAMP VINSON VALLEY

An outreach ministry of Byron United Methodist Church

2024

CAMP VINSON VALLEY Counselor-In-Training APPLICATION

DATES:

May 28 - July 26

(Camp will be closed Monday, May 27 for Memorial Day and

Thursday, July 4 for Independence Day)

Byron United Methodist Church
P. O. Box 6
Byron, GA 31008
(478) 956-5717

byronumcga@gmail.com

We want to do our best to accommodate the busy schedules of our C.I.Ts and Staff. If you have scheduled events, trips, or other conflicts with our Camp Schedule we ask that you include those with your application.

Space in the CIT Program is limited. Participation is subject to availability, and approval of Camp Vinson Valley leadership team.

Name		/A 4'		(1 1)
(First)		(Middle)		(Last)
Preferred Name			_ Male _	Female
Age as of June 30th, 2024	Birth Date	Grade B	Entering in	n Fall 2024
Primary Email Adress				
Home Address				
City/State/Zip		T-Shirt size YS YM Y	L AS AM	AL AXL AXXL
Parent Primary Contact Phone	# ()			
What contributions do you think you c (Don't stress over this, this is a low-pro	essure opportunity to tell			
What Church do you attend?		Pastor's Nan	ne	
Are you active in a Youth Group?	Youth Pastor/Yout	th Director's Name		
Have you volunteered or served in a m	inistry position? (like VI	3S or Children's Ministry)?	If so, tell us	about it:
Signature of C.I.T. Applicant			Data	

Parent Information

Mother's Name:		_
Mother's Work Number		_
Mother's Cell-Phone Number		-
Fathers Name		-
Fathers Work Number		-
Fathers Cell-Phone Number		-
Primary Parent Email address		
Emergency Contact		
Emergency Contact Phone		
Relationship to C.I.T		
List authorized person(s) other than pare Parents may be asked to show ID. upon p		
Insurance Information		
Primary: Company	Policy Number	
Secondary: Company	Policy Number	
Currently on Medication? YES No	O If so, what?	
Dietary or activity related conditions or r	restrictions:	

Medical History and Information

Camp Activities are physically demanding. We want to ensure the safety of everyone on campus during the camp day, and to do so we must ask for some general information about your C.I.Ts physical capability and medical history.

Are there any health reasons which would prevent your C.I.T from participating in any Camp Activities? Y If yes, please describe:
Does your C.I.T have allergies or any type of dietary restrictions? Y N If yes, please describe:
Does your C.I.T have any current physical conditions or psychological concerns requiring medication, treatment, or speci restrictions or considerations while at camp? (for example: asthma, heart trouble, diabetes, ADD, ADHD, etc.) Y If yes, please describe:
MEDICAL AUTHORIZATION
As a parent/guardian of the counselor in training (CIT), I authorize the Byron United Methodist Church staff and volunteer staff to administer first aid or take the CIT to a physician for treatment. I,
Date Signature of Parent/Guardian
Camp Vinson Valley may use pictures of my child in their promotional materials, including both printed and electronic media. Circle one: Yes No
The cost of the C.I.T Program is \$50.00 per week for the first (3) Weeks of your child's participation over the summer, coming to a total of \$150.00 for the summer. The fee ensures that your child's spot is saved within the program, as well as covering the cost of field trips over the summer and providing necessary supplies for their Camp Activities.
Date
Signature of Parent/Guardian



Byron United Methodist Church

I,	acknowledge that I have beer
informed that this program	n is not a licensed childcare facility.
I also understand this prog	ram is not required to be licensed
by the Georgia Departmen	t of Early Care and Learning and
this program is exempt from	m state licensure requirements.
Signature of Parent/Guardian	Date