



# REBA Kids Camp • 2026

**ADULT COUNSELOR** Registration Form  
**JULY 19 - 23, Camp Cazadero**  
[Sunday, 1:00 pm (no lunch) - Thursday, Lunch]

Counselor's Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**COST** per Counselor: **\$225**

Registration form and fee must be received **by JULY 1** to guarantee receipt of custom t-shirt.

You may register and pay online at [www.rebachurches.org/reba/kidscamp](http://www.rebachurches.org/reba/kidscamp), or

**Make checks payable to:** **REBA** (Redwood Empire Baptist Association) and write on the memo line: **REBA Kids Camp Counselor**

**Mail this form and payment to:** **REBA** c/o REBA Kids Camp  
77 Solano Square, #143  
Benicia, CA 94510

## INFORMATION for the Camp Nurse:

Family Health Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Ph # \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Ph # \_\_\_\_\_

List your medications and allergies (incl. food): \_\_\_\_\_

**FIRST AID AUTHORIZATION and RELEASE OF LIABILITY:** In the event of an accident or illness, I authorize the Camp Staff to administer emergency First Aid until EMS personnel arrive or until arrival at a medical facility. I also release the Camp Board, REBA Staff, and Camp Staff from all liability upon any claim, demand, or action which might be asserted against the Camp and these designated representatives.

**Applicant's Signature:** \_\_\_\_\_

**SCREENING CERTIFICATION:** I certify that I have completed a Criminal Background Check and Screening, and have received training in compliance with CA law AB506, through my local church. I will attend the required Redwood Empire Camp Counselor Orientation.

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Local Pastor's Signature:** \_\_\_\_\_

► Important **NOTICES ON BACK ...**

