



Golden Hills and Redwood Empire Baptist Associations
Children's Camp 2012

"SHINE!"

Children of God, shine among your generation like stars in the heavens.
Philippians 2:15

CHILDREN'S CAMP COUNSELOR Registration Form

CHOOSE YOUR WEEK:

- Children's Week 1: **Grades 1-3** completed, **JULY 15-19** [Sunday 1:00 pm - Thursday Noon]
- Children's Week 2: **Grades 4-6** completed, **JULY 23-27** [Monday 1:00 pm - Friday Noon]

Counselor's Name: _____ Sex: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Home Church: _____ Email: _____
 T-Shirt: ___Child or ___Adult Size: _____

COST per Counselor: **\$180**; registration and payment to be postmarked by June 25

Make checks payable to: REBA (Redwood Empire Baptist Association)
and on the memo line: CHILDREN'S CAMP Week 1 or Week 2

Mail to: REBA c/o Cazadero Summer Camps
730 E. Main Street
Vacaville, CA 9568 (707) 447-5536

INFORMATION for the Camp Nurse:

Family Health Insurance Co: _____ Policy # _____
 Emergency contact: _____ Ph # _____
 Emergency contact: _____ Ph # _____
 List your medications and allergies (incl. food): _____

RELEASE: 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 and GHBA Staff, and Camp Staff from all liability upon any claim, demand, or action which might be asserted against the Camp.

Counselor Signature: _____

***By applying to serve as a Children's Camp Counselor, I agree to complete all Background & Screening Qualifications and attend required Camp Counselor Training sessions.**

◀ Using the back of this sheet, please summarize your salvation experience. Also, list any personal gifts or talents that you can utilize at Children's Camp.