

**CAMPEXALTED**

**JUNE 27-JULY 1, 2016**  
**CAMP COPASS**

# **FOLLOW THE LEADER**

**1 CORINTHIANS 11:1**

**LEADER REGISTRATION FORMS**

**FILL OUT THE FOLLOWING  
REGISTRATION FORMS  
AND RETURN TO:**

Baptist General Convention of Texas  
Accounting & Finance, Attn: Camp Exalted  
7557 Rambler Road, Suite 1100 | Dallas, TX 75231-2310  
[campexalted@texasbaptists.org](mailto:campexalted@texasbaptists.org)

 **TEXAS BAPTISTS®**

# LEADER REGISTRATION FORM

**"FOLLOW MY EXAMPLE,  
AS I FOLLOW THE  
EXAMPLE OF CHRIST."  
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## SESSION AND PAYMENT INFORMATION

Area of Interest:

- ☐ Team Leader
- ☐ Dorm Leader
- ☐ Administrative Staff
- ☐ Concessions Staff
- ☐ Support Staff

## LEADER CONTACT INFORMATION

LEADER NAME \_\_\_\_\_ / \_\_\_\_\_  
(first) (middle) (last) (pastor's name)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

BIRTH DATE (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX ☐ M ☐ F

T-SHIRT SIZE ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

CHURCH YOU ARE COMING TO CEUYC WITH \_\_\_\_\_

CITY \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

HOME CHURCH (if different) \_\_\_\_\_

CITY \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

## PAYMENT INFORMATION

- Leaders' Consecration - April 4-5, 2016
- Total Registration Fee - \$225
- \$100 Deposit, registration forms, and waivers are due **May 15, 2016.**
- Remaining balance of registration fee due **June 15, 2016.**

Any leader or church wanting to register **after May 15** must contact Teresa Carson at [carsont@bethlehemmansfield.org](mailto:carsont@bethlehemmansfield.org).

### For Office Use Only

|                        |                                |
|------------------------|--------------------------------|
| ____ Deposit           | <input type="checkbox"/> _____ |
| ____ Remaining Balance | <input type="checkbox"/> _____ |
| ____ Late Registration | <input type="checkbox"/> _____ |
| ____ Balance           | <input type="checkbox"/> _____ |
| ____ Other             | _____                          |

REGISTRATION IS NOT COMPLETE WITHOUT INSURANCE INFORMATION AND REQUIRED WAIVERS.

[ PAGE 1 OF 5 ] QUESTIONS? CALL 510.529.6369.

ALL INCOMPLETE REGISTRATION FORMS WILL BE RETURNED.

★ TEXAS BAPTISTS

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### LEADER APPLICATION

The expectations of leadership are briefly summarized on the next page for your review.  
Team leaders will be expected to be role models for students in respecting and following guidelines.

HOW LONG HAVE YOU BEEN A MEMBER OF YOUR CHURCH? \_\_\_\_\_

HOW LONG HAVE YOU BEEN A CHRISTIAN? \_\_\_\_\_

BRIEFLY TELL HOW YOU ACCEPTED JESUS CHRIST AS YOUR PERSONAL LORD AND SAVIOR: \_\_\_\_\_

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WHAT ACTIVITIES/ORGANIZATIONS OF THE CHURCH ARE YOU INVOLVED IN? \_\_\_\_\_

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BRIEFLY LIST YOUR EXPERIENCE (IF ANY) IN LEADING SMALL GROUP DISCUSSIONS, BIBLE STUDIES, ETC.: \_\_\_\_\_

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Are you morally pure?

☐ YES ☐ NO

Are you free from tobacco, alcohol and drugs?

☐ YES ☐ NO

Are you respectful to those in authority over you?

☐ YES ☐ NO

Are you dependable?

☐ YES ☐ NO

Do you get along well with others?

☐ YES ☐ NO

Are you a good role model for younger Christians?

☐ YES ☐ NO

I agree to follow all guidelines as laid out in the leader registration packet. In addition, I will joyfully facilitate small group sessions with the youth that I am assigned. I will encourage as well as participate in all activities with the students that I am assigned as long as my health will permit me to do so.

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

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The expectations of leadership are briefly summarized below for your review.  
Team leaders will be expected to be role models for students in respecting and following guidelines.

### LEADER EXPECTATIONS & RULES

1. Students and Team Leaders are not allowed to leave camp grounds from time of check-in until check-out on Friday.
2. Late arrivals and/or early check-outs are not permitted. Students and Team Leaders must attend ALL scheduled activities and school sessions.
3. Students and Team Leaders are not allowed to ride in or on any vehicle. No cars, buses, vans, motorcycles, skateboards, or skates on camp grounds.
4. Team Leaders are expected to assist in supervising student participants and serve as role models by following the camp schedule and rules at all times. For instance, *Camp Exalted* participants must go straight to their classroom and must leave the building when the class is over. No loitering!
5. Anyone who is ill or injured must be escorted to either the *Camp Exalted* office, nurse's office, medical clinic or hospital.
6. Participants must indicate what medications they will use at *Camp Exalted*. Medications MUST NOT be shared with anyone else.
7. Students and Team Leaders MUST be in the cabins each night, Monday through Thursday, by 11:00 PM. Lights out at 11:30 PM.
8. Under NO circumstances are girls to be in boys' rooms or boys to be in girls' rooms. This includes hallways outside these cabins, too. NO EXCEPTIONS!
9. Drugs, alcohol, any form of tobacco, any type of paint, firearms, knives, or any other kind of weapon, or fireworks are NOT allowed. These items will be confiscated if they are brought on the premises.
10. Clothing should reflect a godly attitude, and not divert the attention of those around you from their focus on God's Word and His purpose in their lives. Moderate clothing is acceptable during all activities at *Camp Exalted*. **Sleeveless shirts, blouses, or dresses will not be allowed for either boys or girls. Shorts (for boys and girls), skirts and skorts (for girls) must be no shorter than fingertip length with arms and hands straight down at sides while standing. Low-cut dress necklines and/or sheer clothing are also not allowed.** Shorts are allowed during the evening worship services as long as they are the appropriate length. **Persons wearing clothing determined to be too short or too revealing will be asked to change. Repeated disregard for dressing appropriately may be considered a violation of the rules.** Remember that you will be seated in small groups – usually on the ground – several times throughout the day (even after worship service), so choose clothing that will allow you to be comfortable during those times. Team Leaders will be responsible for setting the example for appropriate clothing, as well as monitoring what students have chosen to wear to ensure that they adhere to this dress code.
11. Participants must wear name tags at all times. (It is your ID badge allowing you entrance into camp buildings. The name tag also shows *Camp Exalted* staff and camp police that you are authorized to be on the camp grounds.) Wear name tag above the waist.
12. Students and Leaders must refrain from Public Display of Affection (PDA) with girlfriends or boyfriends for the duration of the camp. This type of behavior is highly unacceptable and inappropriate for *Camp Exalted* participants during the camp session. Team Leaders should in no way display any "romantic" interest in any Student, Team Leader, or staff member. Do not allow a boyfriend or girlfriend relationship to develop with any participant while at *Camp Exalted*.
13. Ordering food to be delivered to camp grounds is forbidden. If there is a special need, please express and/or coordinate this with the administrative staff.
14. Out of respect for the host encampment, participants must obey encampment rules and regulations. Generally, your behavior should reflect these three basic things: 1) Be where you are supposed to be, when you are supposed to be there, doing what you are supposed to be doing, 2) Always pray, always be on time, always be flexible, and 3) Have a good attitude and a teachable spirit.
15. This form also serves as a release to appear in photographs and/or videos while participating in *Camp Exalted* for the purposes of publicity, training, and/or promotion.

I understand *Camp Exalted's* expectations for my behavior, and agree to present a godly example to students by following these guidelines.

I understand that failing to abide by these expectations can result in my being returned home at my own expense. The information I have provided in the application is a complete and honest representation of my desire to be a Team Leader. I will do my best to fulfill all the responsibilities of a Team Leader and do my part in making this the best week of the summer for the students assigned to my group.

LEADER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PASTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# LEADER MEDICAL FORM

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In case of accident or special health needs, it will be necessary for us to have the information below. Please make sure you have filled in the blanks completely. Write "none" or "na" if appropriate; a blank space does not mean "none."

LEADER NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SEX: ☐ M ☐ F  
DATE OF LAST TETANUS SHOT (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DO YOU HAVE, OR HAVE YOU HAD: ☐ A RECENT SERIOUS INJURY ☐ A RECENT SURGERY ☐ ALLERGIES TO MEDICATIONS  
☐ A CHRONIC MEDICAL CONDITION (like asthma or ADD)

IF YES TO ANY ABOVE, PLEASE DESCRIBE: \_\_\_\_\_

ARE YOU TAKING ANY MEDICATION(S) AT THE PRESENT TIME (for asthma, allergies, etc.) ☐ YES ☐ NO

ARE YOU BRINGING THESE OR ANY OTHER MEDICATIONS WITH YOU? ☐ YES ☐ NO

If yes, please list. Use additional sheet to include further information.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) taken \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) taken \_\_\_\_\_

MEDICATIONS TAKEN OCCASIONALLY (for headaches, etc.): \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

MEDICAL INSURANCE COMPANY (Attach copy of insurance card if possible.) \_\_\_\_\_

PLAN OR GROUP # \_\_\_\_\_ INSURED ID OR MEMBER ID # \_\_\_\_\_

INSURANCE COMPANY PHONE (\_\_\_\_) \_\_\_\_\_ 2ND PHONE (\_\_\_\_) \_\_\_\_\_

INSURANCE COMPANY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT #1 \_\_\_\_\_ EMERGENCY CONTACT #2 \_\_\_\_\_

RELATIONSHIP TO LEADER \_\_\_\_\_ RELATIONSHIP TO LEADER \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

2ND PHONE (\_\_\_\_) \_\_\_\_\_ 2ND PHONE (\_\_\_\_) \_\_\_\_\_

**ADULT MEDICAL AND SURGICAL WAIVER** To be completed, signed and dated by adult participant.

I, \_\_\_\_\_, am 18 years of age or older and have listed all physical defects or medical conditions that may need attention. I understand that all medical information will be kept confidential and will only be released on a need to know basis. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Camp Exalted of the Baptist General Convention of Texas, or its representatives, or Camp Copass, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself which may in their sole discretion be necessary and proper under the circumstances. I do release, acquit, discharge, and covenant to hold harmless the Camp Exalted personnel, the Baptist General Convention of Texas, or its representatives or Camp Copass, from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred during the event on June 27-July 1, 2016.

X \_\_\_\_\_ DATE \_\_\_\_\_  
(Adult Leader Signature)

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# AUTHORIZATION, RELEASE OF LIABILITY

## APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION (PLEASE READ CAREFULLY)

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the attached application is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for possible denial of assignment or employment. All results of the research into my background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the assignment or employment process. This Authorization and Consent for Release acknowledges that the African American Ministries Office of the Baptist General Convention of Texas may now conduct a verification and/or screening of any Criminal History Record information pertaining to me that may be in the files of any Federal, State, or Local Criminal Justice agency in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or other Nations or Countries, and a credit history if deemed necessary. I understand that the African American Ministries Office will check the References provided, and may if necessary check my previous employment and education. I acknowledge by my signature below that involvement with the African American Ministries Office is contingent upon satisfactory background verification. Past Criminal History will not automatically result in assignment or employment being denied.

I have read and understand this release and consent, and I authorize the background search. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original. I do hereby agree to forever release and discharge the African American Ministries Office, their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information.

According to the Federal Fair Credit Reporting Act, I am entitled to know if my application was denied based on information obtained by the African American Ministries Office and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the background screening report.

### APPLICANT INFORMATION NEEDED FOR BACKGROUND CHECK

APPLICANT'S FULL NAME (print) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTH DATE (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STATE/DRIVER'S LICENSE NUMBER \_\_\_\_\_

**OR** IDENTIFICATION CARD NUMBER \_\_\_\_\_

CURRENT STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_ DATE \_\_\_\_\_

Signature (must be signed by applicant)