

STAFF REGISTRATION FORM

Washington Baptist Association Youth Camp 2019

July 8– 13, 2019

(No fee – All staff are recruited/invited to serve at W.B.A. Youth Camp.)

This form MUST be filled out and signed by all camp staff.

Please return all applications to W.B.A., P. O. Box 476, Milledgeville, GA 31059

Your name _____ Sex: [] Male [] Female
 Last First Middle

Church Membership _____ Church attending Youth Camp with _____

Home mailing address _____
 [Street] [City] [State] [Zip Code]

Home Phone (_____) _____ Cell Phone (_____) _____

Birthdate: _____/_____/_____ **T-shirt size:** S M L XL 2X 3X

Email Address (PRINT Clearly) _____

Spouse/Guardian name: _____ Cell Ph. (____) _____ Home Ph.(____) _____

Emergency Contact (other than spouse/guardian):

Name _____ Phone (____) _____ Relation _____

MEDICAL INFORMATION:

Allergies: (Drug, food, insect bites, other) _____

List any dietary limitations _____:

List all disabilities, chronic and recurring illnesses _____

List any medications you will take while at camp.

Medication _____ Amount _____ Specific Time _____

Medication _____ Amount _____ Specific Time _____

Medication _____ Amount _____ Specific Time _____

Permission For Emergency Treatment

I hereby give permission to the W.B.A. Camp Director/Coordinator or the A. H. Stephens Park Administrator, or staff member designated by him/her to secure emergency medical treatment for me. Further, I authorize the consulted doctor and/or hospital to give emergency treatment to me and agree to pay any expenses associated with such treatment (not covered by the Accident Insurance provided by the Washington Baptist Association) and release the W.B.A. & A. H. Stephens Park staff from liability which might come as a result of the particular activities in which I will be participating.

Staffer's Signature: _____ **Date:** _____

REFERENCES:

List the name and phone # of 2 adults who, if called, would recommend you to work with the youth at camp.

1) _____ Phone # () _____ Relationship: _____
Pastor/Friend/Relative (circle one)

2) _____ Phone # () _____ Relationship: _____
Pastor/Friend/Relative (circle one)

PLEASE INITIAL THE FOLLOWING:

_____ I have a photo copy of my ID on file at the WBA.

_____ I have a background check on file. ALL NEW WORKERS MUST HAVE ONE COMPLETED.

_____ I have read and understand the Child Protection Policy and the Counselor Code of Ethics and Rules as adopted by the Washington Baptist Association Executive Committee.