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| **STAFF REGISTRATION FORM**  **Washington Baptist Association Youth Camp 2022** |

**July 11-16, 2022**

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| **This form MUST be filled out and signed by all camp staff.**  **Please return all applications to Washington Baptist Association., P. O. Box 476, Milledgeville, GA 31059, Phone: 478-453-8111, Email: washba@windstream.net** |

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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.