



CAMP VIP LEADERS IN TRAINING 2009

Camp VIP desires the introduction and nurturing of young people to an active life with Jesus Christ, and the intention of the program is to study the Bible, have times of worship and prayer, learn to joyfully serve others, and to understand and find your place in a group. Willing participation in all parts of the program will make this a life-changing experience.

LIT programming takes place during the week of Junior Camp and is limited in numbers. Candidates must be 13 – 16 years of age, and be on site from Monday June 29th 12:00 pm until Saturday July 4th 3:00 pm. Cost - \$120.00 Full fee must accompany registration form.

Cheques are payable to Camp VIP (\$35 cancellation fee applies). Mail this form with full registration fee to: Camp VIP 531 Herbert Street, Duncan, BC V9L 1T2

(Limited funding assistance may be available. Please apply in writing to The Registrar c/o above address.)

A separate registration form is needed for each applicant. Photocopying is permitted.

Applicant's Name: _____ Age: _____

Primary Phone Number: _____ Alternate: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Birthdate: (d) _____ (m) _____ (y) _____ Into Grade: _____ M/F: _____

E-mail address: _____

Parent/Guardian: _____ Phone: (h) _____ (c) _____

Contact in Case of Emergency (when parent/guardian cannot be reached):

Name: _____ Phone: _____

Relationship to LIT: _____

Name(s) of person(s) picking up LIT at close of camp: _____

Phone: _____ Relationship to LIT: _____

Are there any issues of custody that Camp VIP should be aware of? No Yes (Please explain)

Please answer the following questions to the best of your ability: (Although it is not mandatory that LIT's declare their faith as Christians, it is understood that part of the program will be the investigation of Christian faith and determining what you believe about Christianity.

1. Have you been a camper at Camp VIP? _____
2. If yes, what part of Camp VIP have you enjoyed most? _____
3. What do you hope to gain from LIT training? _____

I agree to the following:

- To accept the Camp VIP Mission and Vision statements
- To uphold Christian values and morals
- To welcome instruction and benefit from it

Candidates Signature Date: _____

LIT's Medical #: _____

Family Doctor: _____ Dr.'s Phone# : _____

Does your LIT have any emotional/health concerns that Camp VIP should be aware of? (e.g. fear of water, sleep-walking)

Medication: All medications (prescription and over-the-counter) must be clearly marked and given to the Camp VIP medical attendant upon arrival at camp.

1. Name of drug/medication: _____ Dosage: _____

Frequency: _____ Required for: _____

2. Name of drug/medication: _____ Dosage: _____

Frequency: _____ Required for: _____

Allergies (medications, food, etc.) and reactions: _____

Does the LIT have any dietary restrictions? No Yes (describe)

Describe any limitations which would compromise the LIT's ability to fully participate in camp?

Has the LIT had any recent (6 wks) serious illnesses or operations? No Yes (describe)

Authorization for Hospitalization/Treatment:

Your signature below signifies that your child is in good health and to your knowledge he/she has not been in contact with any communicable diseases within the past month.

"I hereby give the Camp Nurse and/ or authorized staff permission to intervene in case of medical emergency and I consent to have my son/daughter/ward treated at a recognized hospital. I have indicated the name, and phone number of a designate whom I authorize to take responsibility, should I/ we not be immediately available."

_____ Date: _____

(Signature of Parent / Guardian)

It is customary for e-mail to be distributed and pictures to be taken at Camp VIP. By checking the box below you...

...authorize Camp VIP to use pictures in its' promotional materials, in its' presentations, on www.campvip.org.

...authorize Camp VIP to distribute pictures among campers & staff.

...authorize Camp VIP to distribute e-mail addresses for follow-up contact.

I agree to the use of pictures of my child or his/her e-mail to be used for any of the above.

The use and/ or possession of any tobacco, drugs, alcohol and/ or weapons while under the supervision of Camp VIP are strictly prohibited. Any infraction may result in the LIT being sent home at parent's expense.

_____ Date: _____

(Signature of Parent / Guardian)

- T-shirt size Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL XXL

- Swimming Ability (check applicable box below if badge level unknown):

Indicate badge/level: _____

- Non-swimmer Swims, but requires close supervision Swims well