**REVTAB YOUTH CAMP 2022**

**Staff Application /Registration Form**

**\*EVERY STAFF MEMBER MUST SUBMIT A RECENT BACKGROUND CLEARANCE\***

**Camp Dates: July 25th – July 29th, 2022 NO FEE Application is due by June 15, 2022**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MALE \_\_\_\_\_\_\_ FEMALE \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_ BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_\_\_\_\_\_

CHURCH NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTEND REGULARLY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To make Registration easier, you may pre-purchase a Canteen Card in $5.00 & $10.00 increments.**

**Pre-purchased Canteen Cards will be available at registration.**

**Camp T-Shirts may be purchased for $10.00 each.**

**(PLEASE CIRCLE T-SHIRT SIZE FOR PURCHASE) Adult T-Shirt Size**: S M L XL XXL

In what capacity would like to serve at Youth Camp? Please check more than one below:

1. **Kitchen (Circle your availability) Breakfast Lunch Dinner**
2. **Concession Stand (Circle your availability) Morning Afternoon Evening**
3. **Recreation (Circle your availability) Morning Afternoon**
4. **Counselor (Please circle age you prefer to work with) 8-10 11-12 13-15 16-18 NO PREFERENCE**
5. **Maintenance**
6. **Nursing (LPN, RN, Paramedic, EMT, Dr, Other \_\_\_\_\_\_\_)**
7. **Worship/Music**

Have you been convicted of a felony or misdemeanor, other than a minor traffic violation? \_\_\_Yes \_\_\_No

If yes, please explain when, where, the nature of the felony and the outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph. No. ( ) \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Your signature indicates that you know this person to be committed to Christ, of good moral character and are authorizing/recommending them to participate in RevTab Youth Camp 2022.)**

**MAIL TO:**

**REVTAB Youth Camp 2022**

**960 Susquehanna Trail**

**PO Box 38**

**Watsontown, PA 17777**

**REVTAB YOUTH CAMP 2022**

**Staff Medical Information Form**

The following information is necessary in case of medical emergency.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone #

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

 Name Phone #

HEALTH INSURANCE COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SPECIFY ANY PHYSICAL ILLNESS/DISEASES, OR DISABILITIES: (e.g. Diabetes, Asthma, Heart condition)

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

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S**PECIFY ANY ALLERGIES (Medical or Drug Allergies, including Food Allergies or Intolerances)**

Allergy Type of Reaction Is Epi Pen Required

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

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PLEASE LIST ANY MEDICATIONS YOU WILL BE TAKING DURING CAMP

 Name Of Medicine: Daily Dosage: # of Caplets/Tablets Brought:

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

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**ARE YOUR IMMUNIZATIONS UP-TO-DATE?** YES \_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_

**Last Tetanus Shot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Contact your medical provider for date)**

Please check here if you are claiming a personal or religious exemption from immunization. \_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have any questions, please call (570) 538-2000**

Agreement to Participate

The proposed activities provided by RevTab Youth Camp require participation in physical exercises which are by their nature, physically demanding. Many of the activities, including, but not limited to, challenge course activities, soccer, basketball, volleyball, paintball, archery, canoeing, fishing, etc., will or may challenge you, and could cause surges in blood pressure and pulse rates. It is imperative that you are free from any heart-related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should receive a physical examination. If you have any of the above inquired conditions, it is solely your responsibility to receive the necessary approval from the appropriate health care providers for your participation in all physical activities. If more information is needed regarding such activities, please contact RevTab Youth Camp, at (570) 538-2000 or email us at revtab09@windstream.net.

**Assumption of Risk and Release of Liability**

# PLEASE READ BEFORE SIGNING

I (we) acknowledge that during the session that the applicant has requested to participate in, certain risks and danger may occur. I (we) recognize that such risks and danger may include loss or damage to personal property, physical injury, or fatality due to accident. I am healthy (both physically and emotionally) and capable of participating in this session. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I fully authorize the camp’s medical personnel to treat me/my child. I, individually and on behalf of the minor, do hereby release, RevTab Youth Camp and its employees from any and all liability. Including, but not limited to, the negligence of RevTab Youth Camp, and its employees. I also understand that my child’s participation in the RevTab Youth Camp session is entirely voluntary. I enter into this session and take full decision to participate or not participate and agree to follow all safety instructions. I agree that being allowed to participate in RevTab Youth Camp is sufficient consideration to support this agreement to participate.

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

Name of Participant (Please Print) Signature of Participant Date