



Leader/Buddy/Attendant APPLICATION **2018**

CAMP DATES: AUGUST 18th , 19th , 20th 2018

**MAIL FORM TO: THE CHOSEN MINISTRY
3107 TAIT TERRACE
NORFOLK, VA 23509**

DEADLINE to Register: MAY 1, 2018

FEE FOR CAMP: \$50.00

- **\$50.00 NON-REFUNDABLE DEPOSIT IS REQUIRED**
- **\$35.00 ADDITIONAL TRANSPORTATION FEE IS DUE WITH DEPOSIT**
- **CAMP FEE INCLUDES: Lunches, snacks, camp t-shirt and banquet fee at Golden Coral**

MAKE CHECKS PAYABLE TO: THE CHOSEN MINISTRY

QUESTIONS?:

EMAIL : THECHOSENMINISTRY@GMAIL.COM

OR CONTACT:

KAREN FOX	AT 757-754-8643	OR	FOXCONTRACTING@COX.NET
GYPSY STEELE	AT 757-639-0629	OR	GYPSYIWIN09@GMAIL.COM
JULIE BEASLEY	AT 757-663-2686	OR	JLBEASLEYARTCREATIONS@GMAIL.COM

Leader/ Buddy/ Attendant Application

Name: _____

Date of Birth: _____

Address: _____

Contact Information (Yourself and Guardian if under 18 yrs old: Phone and Email for both):

Are you a Leader, Buddy or an Attendant? Check which applies.

____ **LEADER** – Someone who is organizing and running a part of the camp, such as Team Leader, Games Leader, Worship Leader, ect.

____ **BUDDY** – A helper to the leaders, who facilitates approx 1-3 campers in participating in group activities

____ **ATTENDANT** – Someone who helps 1-2 campers with cleaning, toileting, dressing, feeding, and/or other activities o daily living

If an Attendant, please specify which camper(s) you will be attending.

If with a Group Home, Please specify facility name, location, Manager name and phone number:

Circle T-shirt size:

XS SM MD LG XL 2X 3X 4X 5X

Need transportation? If yes, circle which pick up location you prefer:

Holy Family

Azalea

WHBC

*Please note: If you are requesting transportation, then a \$35 non-refundable fee will be required, along with the Leader/Buddy/Attendant fee of \$50 upon submission of this packet.

ATTENDANT POLICY

Please remember that The Chosen Ministry is run by **volunteers**, not trained professionals. Our volunteers are here to facilitate activities and to provide an important spiritual message for our campers. Your understanding and cooperation is **critical** to our success.

- Any campers who are in need of personal assistance in feeding, toileting, cleaning or dressing **must have an attendant** at camp.
- Any campers who have a history of elopement (trouble staying with the group), or have behavioral challenges **must have an attendant** at camp.
- An attendant may only accompany **2 campers** at most.
- Attendants fee is \$50 and **must complete** a Leader/Buddy/Attendant Form that states which individual(s) will be cared for, for the duration of camp, and it **must be submitted with the camper application(s) with attendant fee included.**

I have read and understood the Attendant Policy for The Chosen Ministry Camp at Triple R Ranch:

Name (Please Print): _____ Signature: _____ Date: _____
Signature of Applicant (if under 18, please have Legal Guardian sign)

FINANCIAL POLICY

Deadline for Registration in May 1, 2018

Deadline for remaining balances due is July 1, 2018

A \$50 deposit is required to register, of which \$25 is refundable, if written notice is received 30 days prior to camp session. A \$35 non-refundable fee is required for transportation, if transportation is being requested. Campers who do not request transportation with registration are not guaranteed a space.

I have read and understood the Financial Policy for The Chosen Ministry Camp at Triple R Ranch:

Name (Please Print): _____ Signature: _____ Date: _____
Signature of Applicant (if under 18, please have Legal Guardian sign)

CAMP MINISTRY ASSUMPTION OF RISK AND MEDIA RELEASE

I hereby request that I (or my camper) be accepted to attend The Chosen Ministry Camp at Triple R Ranch. I understand and am aware that I (or my camper) will be participating in many physical activities and that the potential for accidents does exist. In consideration of acceptance to The Chosen Ministry Camp at Triple R Ranch, I indemnify and hold harmless, The Chosen Ministry, Triple R Ranch, their agents, associates, staff, board of directors and all volunteers from any liability, claims, damages, injury, or illness sustained by me (or my camper). I also agree that The Chosen Ministry and Triple R Ranch may photograph and/or record video of me (or my camper) for use on promotional materials of any and all media.

I have read and understood the Camp Ministry Assumption of Risk and Media Release for The Chosen Ministry Camp at Triple R Ranch:

Name (Please Print): _____ Signature: _____ Date: _____
 Signature of Applicant (if under 18, please have Legal Guardian sign)

MEDICAL INFORMATION

Date of Tetnus Immunization: _____

Physician and Insurance Information:

Primary Care Physician: _____

Address of Physician: _____

Phone Number: _____

Insurance Company: _____

ID Number: _____ Group Number: _____

Employer: _____

Subscriber Name: _____

Relation to Subscriber: _____

**Please note. The Chosen Ministry is not responsible for your health care if you choose not to fill out this section of the form. If you signed the Assumption of risk, then it is implied that you understand any health risks related to camp at Triple R Ranch with The Chosen Ministry.*

FOR ADDITIONAL INFORMATION PLEASE VISIT OUR WEBSITE:

THECHOSENMINISTRY.ORG

“A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another. By this all people will know that you are my disciples, if you have love for one another.” John 13:34-35 (ESV)
