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2017 ADULT/VOLUNTEER

Please Print

KIDS Camp Consent Form

Church Name: _____ Church City: _____

Adult/Volunteer's Name: _____

D.O.B.: _____ Gender: ___M___F

Check the applicable category:

Volunteer Adult Staff: (21 years of age or older): _____

Volunteer Assistant Staff (18 – 20 years of age): _____

Check the week of Camp you will be attending:

KC1 ___ KC2 ___ KC3 ___

(July 5-8)

(July 9-12)

(July 12-15)

It is the legal requirement & the policy of the TN Assemblies of God Ministry Network, for all cooperating churches in the TN Network to obtain a current background check on all children & youth workers – 18yrs & older. It is the responsibility of the local church to keep these background forms on file. A copy of each background check should be submitted with registration. If for some reason you do not have a current background check on all adults that will be accompanying minors, please contact our the TYM office for assistance.

Your role at the church: Youth Pastor Kids Pastor Senior Pastor
 Youth or Kids Leader Volunteer/Chaperone

Email Address: _____ Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

The following information **MUST BE COMPLETED** to be accepted into the TN Assemblies of God Ministry Network Summer Camp Program at the Jackson Conference Center

Statement of Health for _____
(full name)

► Is there any information we should have regarding your welfare; handicaps, restrictions, diets, etc?

► Do you have any physical handicaps or conditions that prevent you from performing certain types of activities? Yes No
If yes, please explain:

► Check if you have ever had the following:
 Measles Polio Mumps Chicken Pox Whooping Cough

List any allergies you have:

List information concerning medications to be given while away from home:

Are you covered by insurance? Yes No

If yes, Insurance Company _____

Policy# _____

Social Security Number (**optional**): _____

Adult/Volunteer's Name: _____

Medical Consent: While I am a registered camper at any Tennessee Assemblies of God Ministry Network camp, I hereby authorize any director, staff member, nurse, dean, lifeguard, or other responsible person of said camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I further understand that my personal health insurance will be the primary policy coverage in the case of accident or illness. Furthermore, if no personal health insurance policy information is provided, I will be personally responsible for any medical charges incurred. I also give my permission for over-the-counter medication from the camp first aid station to be given me if necessary.

_____ (adult volunteer initials)

◆ **Discipline/Property Consent:** I understand that the Tennessee Assemblies of God Ministry Network and the rented facility make rules and guidelines that I will abide by while attending camp. I understand that if I behave inappropriately, disregard the camp rules and guidelines, and/or do not respond in a positive manner when any issue is addressed, I may be asked to leave the camp facilities. If necessary, I will also be responsible for acquiring someone to pick me up from the camp facilities. Warnings will be given, but if inappropriate behavior continues, I will be required to leave and no refund will be issued for my incurred expenses. In addition, I will pay for any damage that is done to the camp and/or to personal property belonging to another individual. I give permission to the camp director and/or assistant camp director to inspect the contents of any or all of my personal belongings, and to withhold and/or dispose of any improper or illegal contents.

_____ (adult volunteer initials)

◆ **Promotional Consent:** I consent to the use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which I may appear by the Tennessee Assemblies of God Ministry Network. I release the Tennessee Assemblies of God Ministry Network from any liability connected with the use of picture or voice recording as part of any promotion, recruitment, or fund-raising program.

_____ (adult volunteer initials)

Signature: _____ Date: _____