



# 2021 ADULT/VOLUNTEER Camp Consent Form

**Please Print**

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:**

YC1 \_\_\_\_\_ YC2 \_\_\_\_\_ YC3 \_\_\_\_\_ YC4 \_\_\_\_\_ YC5 \_\_\_\_\_ YC6 \_\_\_\_\_

(June 6-June 9) (June 9-12) (June 13-16) (June 20-23) (June 23-26) (June 27-30)

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 signed Background Check Affidavit must accompany your adult/volunteer forms.

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: \_\_\_\_\_