



**CONNECTIONS CAMP APPLICATION**  
**July 11 - 16, 2010**

McDonough Church of Christ \* 400 Lake Dow Rd. \* McDonough, GA 30252 \* 770-957-8611

**Application Form**

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

**Personal Information**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

T-Shirt Size (Adult) S M L XL 2XL

Where do you attend school? \_\_\_\_\_

What year of school will you be entering this school year? 5 6 7 8 9 10 11 12 GPA: \_\_\_\_\_

List any school activities, honors, awards, leaderships, etc...

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

Where do you attend worship? \_\_\_\_\_

Have you been baptized to be added to the Lord's church? Yes No If so, when? \_\_\_\_\_

Do you indulge in alcoholic beverages, tobacco and/or drugs? \_\_\_\_\_

Do you have any public speaking experience? Yes No If yes, please explain: \_\_\_\_\_

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

Have you ever spoken before a congregation? Yes No

Have you ever taught a Bible class? Yes No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Can you lead public prayer? Yes No Can you lead congregational singing? Yes No

Have you ever attended a training class or program? Yes No

If Yes, what program? \_\_\_\_\_

What do you hope to learn or gain from attending this year's CONNECTIONS Camp?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any commitments that would require you to leave camp early? Yes No  
If yes, please explain \_\_\_\_\_

I understand that a fee of \$50 is required in order to attend camp, with a \$25 deposit sent with this application and \$25 due at check in of camp. I understand that my deposit will be returned only if my application is rejected.

\_\_\_\_\_  
Applicant's Initials      Parent's Initials

All statements of this application are true. \_\_\_\_\_  
Signature of Applicant

Parental Permission to Attend Camp: \_\_\_\_\_  
Signature of Parent/Guardian      Phone

Recommendation from Eldership: \_\_\_\_\_  
Signature of behalf of the elders      Phone

Recommendation from Minister: \_\_\_\_\_  
Signature of Minister      Phone

Recommendation from Youth Minister: \_\_\_\_\_  
Signature of Youth Minister      Phone

Emergency Contact Info: Please list the names and telephone numbers of at least two persons that we may contact (other than parents) that we can contact in case of an emergency. (We will, of course, try to reach parents first.)

Name: \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_



## EMERGENCY MEDICAL RELEASE FORM

McDonough Church of Christ \* 400 Lake Dow Rd. \* McDonough, GA 30252 \* 770-957-8611

**Emergency Medical Release**

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

Camp Dates: \_\_\_\_\_ Camp Location: \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN**

Camper's Name : \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insurance Company : \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company's Address:

\_\_\_\_\_

\_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Does your child presently take any medication, have any allergies, or food restrictions? Does he have any other health concerns (sleep walking, bed wetting, etc.) that we need to be aware of? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that ALL medications must be in original bottles with clear instructions.

I hereby authorize the director of CONNECTIONS Camp to act for me according to his best judgment in any emergency requiring any medical attention:

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

### NOTE TO PARENTS/GUARDIANS:

We use the most convenient hospital emergency room for any injury incurred. The camp director gives permission for the hospital staff to perform treatment as necessary, or considered necessary; please indicate if this is objectionable to you. We will always try to notify a parent or guardian first.



## RELEASE OF LIABILITY AGREEMENT

**McDonough Church of Christ**  
**400 Lake Dow Road**  
**McDonough, GA 30252**  
**Phone: (770) 954-9450**

This form must be signed by the Parent or Guardian before any child can be allowed to participate in the CONNECTIONS CAMP at the McDonough Church of Christ. This form must be received by the McDonough Church of Christ **by the deadline date.**

I recognize that there are risks, including those of injury and even death, in all activities initiated and carried out under the auspices of the McDonough Church of Christ. I freely assume those risks on my own and my child's behalf. I agree to release and hold harmless from liability the McDonough Church of Christ, it's staff, members, volunteer workers, and other employees and agents in the event of injury or death of my child resulting from any theory of liability while engaging in CONNECTIONS CAMP. I agree to not make any claim or file any lawsuit against the McDonough Church of Christ for injuries or damages related to my child's participation in CONNECTIONS CAMP.

This release is in behalf of the following Child or Children:

1. \_\_\_\_\_
2. \_\_\_\_\_

I understand that this is a legal binding contract and that the church activities are provided in consideration for this signed Release of Liability Agreement (please initial\_\_\_\_\_).

**I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS CONTRACT RELEASES THE MCDONOUGH CHURCH OF CHRIST FROM LIABILITY AND I SIGN OF MY OWN FREE WILL.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

This form is valid for the period of CONNECTIONS CAMP.