



LUTHERAN SUMMER CAMP AT VICTORY BIBLE CAMP JULY 23 - 28, 2017

COUNSELOR REGISTRATION

Name: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birth date: _____ Entering Grade: _____ Male Female

Home Phone: _____ Cell: _____ T-shirt size: _____

E-Mail Address: _____

Home Congregation: _____

Names of Parents/Guardians: _____

Mother / Guardian Home Phone: _____ Work: _____ Cell: _____

Father / Guardian Home Phone: _____ Work: _____ Cell: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Home Phone: _____ Work: _____ Cell: _____

I plan to: carpool drive my car to camp, and I could carpool _____ other staff.

Counselors, please pay \$50 toward the cost of your full week of lodging and meals. This is less than one-fourth of the actual cost. I will: enclose \$50

ask my church to sponsor the \$50

NOTE: All accepted high school and college staff are expected and required to attend Counselor Training. This will begin at 7 pm on Friday, July 21, 2017 at Good Shepherd Lutheran Church in Wasilla and move to Victory Bible Camp on Saturday.

Describe yourself in ten words: _____

What important thing has happened this year that has changed the way you view yourself, others, the world, or God? Please elaborate: _____

Briefly describe why you would be a good counselor at camp. Include any work experience you have had, both paid and volunteer experiences:

Why should parents and congregations entrust you (as a companion, mentor, and role model/) with their children, God's holy ones, for a week this summer?

List the specific skills or unique gifts you have to offer to your campers: (for example, good listener, recreation, sports, musician, arts and crafts, survival training):

Please attach two letters of reference to this application. One of these must be from your pastor.

Return to: attn: Lutheran Summer Camp
 Central Lutheran Church
 1420 Cordova Street
 Anchorage AK 99501

Website: www.aklutheransummercamp.org
E-mail: centluth@gci.net
907-277-1622 – Fax: 907-272-6235
Keep a copy of all forms for your own records.

All accepted high school and college staff are expected and required to attend Counselor Training. This will begin at **7 pm on Friday, July 21, 2017** at Good Shepherd Lutheran Church in Wasilla.

Counselors must be 16 years old or older, which usually means they are entering 10th Grade.

Applications must be postmarked by June 2, 2017. Please make sure your application is completely filled out (including pastor's signature). Applications will be reviewed by the Camp Planning Team and you will receive more information in late July.

Camp staff will take photos both for internal use (end-of-week memorabilia) and external use (future camp promotional materials & social media). We will not identify the campers or counselors in photos - it is up to each individual or their parent to choose to "tag" themselves or not.

Visitors at Camp: As it is disruptive to the Lutheran Summer Camp community, the Lutheran Summer Camp Planning Team has decided that it is not appropriate to have friends or relatives visit you at camp. Please do not invite any visitors and please tell any potential visitors you know about that they will be asked to leave immediately.



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COUNSELOR COVENANT

I understand that Lutheran Summer Camp is a Christian community to which I am committed. As part of the Body of Christ I will:

1. Take responsibility by committing myself to:
 - a. the campers, other counselors and adult leaders
 - b. the camp program and schedule, including study and community times
 - c. the small community (cabin) into which I am called to serve
2. Take responsibility for my conduct by agreeing that:
 - a. the use of alcoholic beverages, tobacco, marijuana or other drugs during the course of my time at camp is unacceptable
 - b. I will abide by the established schedule
 - c. each person in camp is a unique and cherished child of God
 - d. visitors are not a part of the camp program and I will not invite friends or family to visit me while at camp
3. Show respect for others by:
 - a. observing their right to express opinions
 - b. listening as I expect to be listened to
 - c. being inclusive and avoiding cliques
 - d. letting others know where I will be
 - e. being considerate of others who may not be a part of our cabin or camp
4. Understand the rewards for a job well done may include:
 - a. a thank you from the adult leaders
 - b. a whole bunch of hugs and smiles from campers
 - c. letters of recommendation when needed
5. The consequences for the abuse of privilege, trust, and destructive behavior include:
 - a. a conversation with other staff members, including directors and adult leaders
 - b. a phone call and trip home (at my or my parent's expense of time and trouble)
 - c. the forfeiture of the above rewards for a job well done

As a sign of my commitment to this program, I agree that any breach of this covenant needs to be addressed immediately by the adult leaders, directors, and/or a group of my peers as is appropriate.

Participant signature _____

Date _____

As a parent/ guardian, I understand that every effort will be made to protect and safeguard all counselors and staff. Therefore, I agree not to hold the organizers of Lutheran Summer Camp or their designated representatives liable for any illness or for any mishap from any cause whatsoever which may be sustained. I understand that any youth blatantly disregarding the camp covenant will be expected to be picked up by myself or my representative as soon as possible. Likewise, we will assume fiscal responsibility for any property that is willfully destroyed or damaged.

Parent/Guardian signature _____

Date _____



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COUNSELOR MEDICAL INFORMATION

Name: _____ Parent/Guardian Name: _____

For the safety of all campers and staff, all medications on camp property will be held and dispensed by the camp health care person. In order to facilitate this, all medications must be sent in their original prescription containers, with clearly marked instructions and any other information that might be helpful.

We will ask you to update this information at the time of drop off at camp or at the bus, to ensure accuracy at camp time.

My child will be bringing medications to camp. Name and dosage information:

Medicine Allergies: _____

Food Allergies: _____

Dietary Restrictions: _____

Physical Restrictions: _____

Any other medical information it would be helpful for us to know:

I give permission for the Camp Health Care Person to administer over-the-counter medication as needed.

Parent/Guardian Medical/Surgical Authorization: This health history is correct so far as I know. I give permission for designated camp personnel to administer the above medication. My child has permission to participate in all Camp activities (with the exceptions noted above). I understand that every effort will be made to contact me if my child needs emergency medical/ surgical treatment while at camp. If it is impossible or impractical to do so, I hereby give permission to the physician selected by the Camp Health Care Person or Camp Director to secure proper treatment, to hospitalize, to order anesthesia, to X-ray, or to authorize surgery for my child. I agree to accept financial responsibility for any such treatment. A copy of this form is as valid as the original. This statement is in effect for the duration of Counselor Training which takes place at Good Shepherd Lutheran Church in Wasilla, July 21-22, 2017, and additional training and Lutheran Summer Camp which takes place at Victory Bible Camp, located at Mile 95 of the Glenn Highway, July 22 - 28, 2017.

Parent/Guardian signature: _____ Date: _____

Insurance Company: _____ Policy Number: _____

Please make a photocopy of the front and back of your medical insurance card and enclose it with this form.