

2021 Under 18- Staff Consent & Agreement Form

Authorization for: _____
Applicant Name Church/Church City

By signing this form, I affirm that the information submitted online is true and accurate to the best of my knowledge. I authorize the adult in charge to consent to medical treatment when either my assignee or I cannot be contacted and understand that every effort will be made to contact me regarding any medical attention given to my child.

I also understand that participants at Twin Lakes Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian.

I understand that youth camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp.

I grant my permission to Louisiana District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the Louisiana District Council.

What to Wear: Shorts can be worn during the day but must be at least mid-thigh. Athletic shorts or Cheerleaders shorts, like those worn in gym class, should not be worn. **Abbreviated attire** such as half shirts, tank tops, sundresses, spaghetti straps, halter-tops, or crop shirts will not be allowed. This includes shirts with the sides ripped out. No basketball jerseys without undershirts are allowed. **Shoes** must be worn at all times. This does include to and from the pool, as regulated by the state insurance board. **Cover clothing** must be worn to and from the swimming pool. Guys, this includes you. T-shirts to cover chest are required. **Recreation** during the day is often messy! Keep this in mind when you are planning what clothes to bring. You will want to bring older clothes and shoes that you can get wet, muddy and generally dirty! Ladies may want to wear a bathing suit under their clothing or a dark colored t-shirt for recreation. Pajamas are not allowed for recreation activities.

I have reviewed the camp dress code policies with my child. Applicant's signature below confirms his/her agreement to abide by camp policies including dress code.

SIGN HERE:

_____ Parent/Guardian Signature	_____ Parent/Guardian Name (print)	_____ Date
_____ Camper Signature	_____ Camper Name (print)	_____ Date

INSURANCE INFORMATION:

_____ Insurance Provider	_____ Group Number	_____ ID Number
_____ Policy Holder	_____ Insurance Phone Number	
_____ Emergency Contact	_____ Phone Number	

2021 Staff Consent & Agreement Form

(Non Minor-18 and over)

Authorization for: _____

Applicant Name

Church/Church City

I affirm that the information submitted online is true and accurate to the best of my knowledge.

I authorize the Louisiana District to have a criminal background check done by the agency of their choosing and understand that my acceptance as a camp monitor is contingent upon the results. This report, which I understand, may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

I also agree to have my Pastor contacted for a reference regarding my character and suitability for children/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

If accepted, I pledge myself to a week of cooperative ministry with the camp directors and will maintain a personal discipline and a spirit that exemplifies Christ at all times. I also grant my permission to Louisiana District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the Louisiana District Council.

I authorize the adult in charge to consent to medical treatment for me when either I am unable to respond or my assignee cannot be contacted. I also understand that I will be held responsible for any medical expenses incurred.

Applicant Signature

Applicant Name (print)

Date

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a background criminal check report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service, including retention as a volunteer.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.