For All Volunteer Staff - Signature Required

As PVCC Volunteer Staff member, I agree to be the following:

- **1. Encouraging To Campers and Fellow Workers:** I will present myself in a loving, caring way to others, always showing respect and making myself available to help. I understand the importance of not playing practical jokes and demeaning others.
- **2.** A **Servant in my Actions:** I understand the commitment I am making for a session of camp, and I will not have other responsibilities that will take me away from being an active participant. I understand the need to respect and follow the direction of the camp Deans and Directors. I will participate with the campers and not expect special privileges for staff.
- **3. Morally Above Reproach:** In areas of modesty, personal cleanliness, counseling, physical contact, and speech, I will maintain extremely high Biblical standards, knowing that my example will be watched by staff and campers alike. I will not use or bring any kind of tobacco or alcohol to camp. I will not flirt with, tickle, or touch campers or other staff inappropriately. I will not do anything to harm the good name of Christ, Prairie View Christian Camp, or the camp's member churches.
- **4.** A Good Steward of Camp Property: I will work hard to maintain cleanliness in the dorms and other camp facilities. I will care for the property and camp equipment. I will show the campers a good example of respecting God's creation and the property of others.
- **5. Promotion:** I also give my permission for any appropriate photographs/videos of me to be used for future Prairie View Christian Camp promotional purposes.
- **6. Background Screening:** I will provide all personal information necessary for a background check as a required to work with minors at Prairie View Christian Camp.

| Signed: _ | Date : |
|-----------|--|
| Signed: _ | Date : |
| | Signature of Parent or Legal Guardian if volunteer is under the age of 18. |

To Complete Your Registration

- Give your form and check to your Church group leader. They will forward it to the
 camp. This helps them know who is coming, so they may plan for transportation
 and ensure they have recruited adequate numbers of adult volunteers to attend
 with the campers. Check with your Church group leader and either make your
 check out to your Church if the Church is sending one large check, or to Prairie
 View Christian Camp.
- If you do not have a church leader coordinating camp registration you may register online or mail your completed form along with your registration fee to the address below.

Prairie View Christian Camp P.O. Box 1004 Arkansas City, Kansas 67005

For more information contact us at:

pvcc@prairieviewcamp.org

(620)441-0387



SUMMER 2017

Prairie View Christian Camp

Summer 2017

www.prairieviewcamp.org

| Please check the session you plan to attend | Camp | Date(s) | Early Bird Costs | Regular Cost | Sponsor/Non- Camper Fee |
|---|---|----------------|---------------------|-----------------|---|
| | Family Camp All ages | June 2-4 | \$80/\$40 | \$110/\$55 | NA |
| | High School Gr. 9-12 | June 4-9 | \$230 | \$275 | \$75 |
| | Junior High Gr. 7 <mark>& 8</mark> | June 11-16 | \$230 | \$275 | \$75 |
| | Day Camp K-1st | June 24 | \$25 | \$40 | Parents, Guardians are encouraged to attend with your children |
| | Junior Camp Gr. 5-6 | June 25-29 | \$180 | \$220 | \$60 |
| | First Timer's Gr. 2 | June 30-July 1 | \$45 | \$55 | \$15 |
| R | SUMMIT Gr. 7-12 | July 16-21 | \$230 | \$275 | \$75 |
| | Kid's Camp Gr. 3-4 | July 6-8 | \$90 | \$110 | \$30 |

Early Bird registration form and payment must be received:

May 4 for June Camps

June 1 for July Camps

| Volunteers please note and sign box on back page. | Relationship to participant | | |
|--|--|--|--|
| Date | Other emergency contact Phone | | |
| 2. Name | | | |
| Date | The above information describes Father/Mother/Guardian. Circle one | | |
| 1. Name | Email (optional) | | |
| l attest our church has run a background check on this person? Yes No | Home Phone | | |
| Does your church do background checks on volunteers? Yes No | | | |
| A criminal record background check and two referral signatures are required (Combination of two ministers/elders from home church) | seatubbA | | |
| For All Volunteers/Participating Parents A criminal record background check and two referral citraptures are required | | | |
| stagged patteriotized/sypotanilo/(IIA god | Last Name | | |
| | adult sponsor/participating parent. | | |
| Signedbargic | Family Information: Parent/Guardian(s) with whom camper resides or yourself if you are an | | |
| 1400 | | | |
| Parent Initials | | | |
| View Christian Camp promotional purposes. | for delivery to the Camp Nurse at registration. Adults may keep and self-administer medications; they must be kept on your person or in a locked container. | | |
| I also give my permission for any appropriate photographs/videos to be used for future Prairie | All camper medications should be given to your church group leader | | |
| Parent Initials Parent Initials | | | |
| be expected that is consistent with Christian Values. | Exceptions: | | |
| I recognize that this is a Christian camp, that the Bible will be studied, and that camp conduct will | Med & Dosage Reason Mosy be given over-the-counter medication as deemed necessary by the camp protocol. Yes or No | | |
| Parent Initials | Med & Dosage Reason Reason A shell & Dosage Reason | | |
| appropriate medical information is included. | INER & DUSGE | | |
| staff members, management, or officers liable. I have reviewed this form and certify that all | List all medications routinely taken (prescription & non-prescription) and times to be administered: | | |
| as named on this form. I hereby release the camp from any responsibility other than normal supervision and care. In case of an accident, I will not hold Prairie View Christian Camp, their | | | |
| person selected by the camp management to do whatever is necessary for the health of my child | | | |
| To the best of my knowledge, my child is physically and emotionally able to take part in the camp program. In the event of a medical emedical | | | |
| adt ai trea olet at alde villegatoma bae villezizvida zi blida van azbalvoga van to taad adt at | l I | | |
| Parent Initials | | | |
| losses and/or damages incurred while participating in these activities. | | | |
| that could cause serious disability; and 3. by giving my child permission to participate in these activities and use this equipment, I assume all risks and dangers and all responsibility for any | 514 (18:11-04) - 53 555 555 15:11 | | |
| and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death, or other ailments | Church attending with Group Leader | | |
| injury or illness including, but not limited to, bodily injury, disease strains, fractures, partial | | | |
| elements; 2. that participation in such activities and/or use of such equipment may result in | | | |
| School participants may be offered an opportunity to Trap Shoot. I fully understand and acknowledge that 1. risks and dangers exist in the participation in and use of high ropes | | | |
| to, swimming, paintball, rock climbing, rapelling, and zip line. Additionally, Junior High and High | 3CH L | | |
| offered an opportunity to participate in multiple recreation options including, but not limited | | | |
| I understand that participants attending a camp session at Prairie View Christian Camp will be | ا am a Camper Sponsor/Participating Parent Non-Camper | | |
| Important Information that Requires Parent Signature | Summer Camp: Participant Information: | | |

__ Balance Due: __

Office Use Only: Postmark Date: Check #: Amt Paid: