

COUNSELOR REGISTRATION FORM

Chilton Baptist Association Kid's Camp 2010

Shocco Springs Baptist Conference Center

COST OF CAMP = \$150.00 PER PERSON DATES : JULY 18-22ND

**Deadline for money, Registration & Medical Forms due to Association
no later than**

FRIDAY, JUNE 4TH

Please Print All Information

Name _____ Male _____ Female _____

Address _____ City _____ Zip _____

Home Phone _____ Cell # _____

Emergency Phone # _____ Church Name _____

If you are a Student, what was your last grade completed _____

Are you a Christian? _____ Name of Parent or Guardian _____

Camp T-Shirt (circle size) Youth SM Youth Med. Youth LG Adult SM Adult Med Adult LG Adult XL

Camp Extra's : There will be no extra charge for counselors.

_____ AQUA JUMP

_____ ROPES COURSE

***please note that we cannot
assure that you will be
participating in ropes course
until we finalize team assignments***

Release/Indemnification. I/we the undersigned do hereby consent to allow _____ to participate in the **2010 Kid's Camp of the Chilton Baptist Association, July 18-22, 2010.** By giving consent to participate I release absolutely, forever discharge, hold harmless and covenant not to sue CBA, it's Director, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities held at 2010 CBA Kid's Camp. I agree to indemnify CBA for any such Claim brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses. _____ Parent or Guardian

_____ NOTARY PUBLIC

SEAL

Pastor Recommendation: "I recommend this person to the leaders of the Chilton Baptist Association Kid's Camp to serve as a counselor. They will represent our church and our association with integrity and a servant's heart."

Pastor's Signature _____