

## 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.

### For All Volunteers/Participating Parents

**A criminal record background check and two referral signatures are required**  
(Combination of two ministers/elders from home church)

**Does your church do background checks on volunteers? Yes No**  
**I attest our church has run a background check on this person? Yes No**

1. Name \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

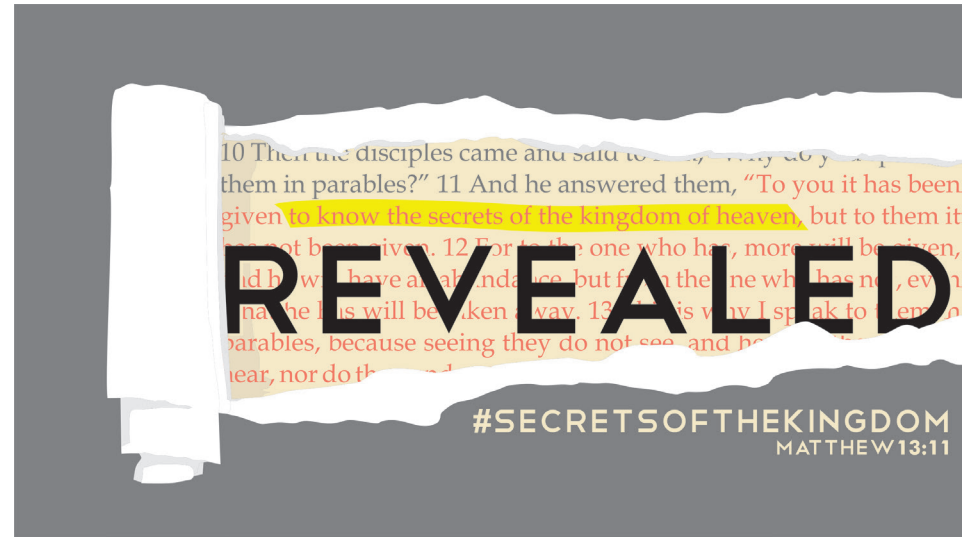
**Volunteers please note and sign box on back page.**

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

For more information contact us at:

[pvcc@prairieviewcamp.org](mailto:pvcc@prairieviewcamp.org)

**(620)441-0387**



## Prairie View Christian Camp

Summer 2019

[www.prairieviewcamp.org](http://www.prairieviewcamp.org)

Please check the session you plan to attend	Camp	Date(s)		Sponsor/Non-Camper Fee
	High School Gr. 9-12	June 2 - 7		\$75
	Junior High Gr. 7 & 8	June 9-14		\$75
	Day Camp K-1st	June 22		Parents, Guardians are encouraged to attend with your children
	Junior Camp Gr. 5-6	June 23-27		\$60
	First Timer's Gr. 2	June 19 - 20		\$15
	SUMMIT Gr. 7-12	July 14-19		\$75
	Kid's Camp Gr. 3-4	July 1-3	Refresh. Renew.	\$30

**Early Bird registration form and payment must be received:**

May 19 for June Camps

June 14 for July Camps

## Summer Camp: **Volunteer Information:**

I am a \_\_\_\_\_ **Sponsor/Participating Parent** \_\_\_\_\_ **Non-Camper**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Grade (A for Adult) \_\_\_\_\_ Circle: Male or Female

Shirt Size (included in registration; please circle one) **YS YM YL S M L XL 2XL 3XL**

Camp Session Attending: \_\_\_\_\_

Church attending with \_\_\_\_\_ Group Leader \_\_\_\_\_

Insurance Co./Policy No. \_\_\_\_\_

Tetanus Current Y or N **Please provide a copy of your insurance card. (front & back)**

List any food allergies or intolerances the Cook/Nurse should be made aware: \_\_\_\_\_

List any medical allergies or health conditions the Camp Cook/Nurse should be made aware? \_\_\_\_\_

List all medications routinely taken (prescription & non-prescription) and times to be administered:

Med & Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Med & Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Med & Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Med & Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Med & Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Med & Dosage \_\_\_\_\_ Reason \_\_\_\_\_

May be given over-the-counter medication as deemed necessary by the camp protocol. Yes or No

Exceptions: \_\_\_\_\_

**Medications listed above should be discussed with the Camp Nurse at registration to make sure they are kept secure and out the access of our campers.**

## Family Information: **Parent/Guardian(s) with whom camper resides**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email (optional) \_\_\_\_\_

The above information describes... Father/Mother/Guardian. **Circle one**

Other emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to participant \_\_\_\_\_

### Important Information that Requires a legal Signature

I understand that participants attending a camp session at Prairie View Christian Camp will be offered an opportunity to participate in multiple recreation options including, but not limited to, swimming, paintball, rock climbing, rapelling, and zip line. Additionally, Junior High and High 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 elements; 2. that participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death, or other ailments 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 losses and/or damages incurred while participating in these activities.

**Initials** \_\_\_\_\_

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 emergency, I give permission to the volunteer medical person selected by the camp management to do whatever is necessary for the health of my child 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 staff members, management, or officers liable. I have reviewed this form and certify that all appropriate medical information is included.

**Initials** \_\_\_\_\_

I recognize that this is a Christian camp, that the Bible will be studied, and that camp conduct will be expected that is consistent with Christian Values.

**Initials** \_\_\_\_\_

I also give my permission for any appropriate photographs/videos to be used for future Prairie View Christian Camp promotional purposes.

**Initials** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only: Postmark Date:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Paid by:** \_\_\_\_\_ **Amt Paid:** \_\_\_\_\_ **Balance Due:** \_\_\_\_\_