

Ignite Camps Volunteer Registration

NAME: _____
ADDRESS _____
PHONE 1 _____
PHONE 2 _____
EMAIL _____
EMERGENCY CONTACT _____
EMERGENCY NUMBER _____

This will be my _____ year to serve in Ignite Camps.

I would like to work during: (in order of preference, 1st, 2nd, etc.)

_____ First quarter (8 weeks; Aug. 27-Oct. 15) Spy Camp

_____ Second quarter (8 weeks; Oct. 22-Dec. 17) Space Camp

_____ Third quarter (8 weeks; Jan. 7-March 4) Around The World

_____ Fourth quarter (8 weeks; March 11-May 6) Kids Choice Camp

- 1) I understand that I will participate in physical activities such as those held during recreation time. As with any physical activity there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, New Beginnings Baptist Church and any persons associated with the Ignite Camps ministry.
- 2) In the event of an emergency that requires medical treatment I understand that every effort will be made to contact my emergency contact. However, if they cannot be reached, I give my permission to the Ignite Camps volunteers to secure the service of a licensed physician to provide the care necessary for my well being. I assume responsibility for all costs connected to any accident or treatment.
- 3) I grant permission for my photos to appear in a camp directory to be used by Ignite Camps. I also give permission for my photos to appear among other general camp photos.

Signature _____ Date _____

I would like to purchase a shirt for \$12.00. Yes No

Shirt Size Youth Lg Ad Sm Ad Med Ad Lg Ad XLg Ad 2XLg Ad 3XLg

Date Paid _____ Cash or Check