

EARLY BIRD REGISTRATION ENDS MONDAY, JUNE 16th AT \$120.00 PER PERSON

Send forms to: UCMA Youth Dpt. / PO Box 1677 / N. Wilkesboro, NC 28659

Call for more information: 828-273-8528 or 828-273-8538 / Visit: YouthAblaze.org

Please fill out the form and send back ASAP! We must have one form per person attending.

Register by Monday, June 16th and pay only \$120.00 per student and \$60.00 per adult.

Anything received after June 16th will be \$130.00 per student and \$60.00 per adult.

At the door registration will be \$140.00 per student and \$60.00 per adult.

SECTION 1: EVERYONE must fill this section out:

Last Name: _____ First Name: _____

Age: _____ DOB: _____ Gender: _____ Male or _____ Female

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Emergency Contact Name(s): _____

Emergency Contact Telephone: _____ or _____

Insurance Co. Name: _____ Policy #: _____

Please list any allergies or medical conditions or medication to be administered _____

“I understand that all participants will be monitored by caring, Christian adults and will be given the appropriate medical or spiritual attention needed. I hereby give permission for emergency treatment or surgery as recommended by attending physician if I cannot be reached. I also understand that I will be notified immediately of any problems or injuries that may occur. I also understand that United Christian Youth Department and Ministerial Association is not liable for any injuries. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age 19 yrs], hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I give my child (listed above) permission to attend Youth Ablaze 2008 and participate in any on the grounds activities, including two services a day and to administer over the counter drugs as needed.”

Parent/Guardian Signature

Date

SECTION 2: ADULTS fill out this section (Ages 19 and up) >>

We must have your pastor’s signature. Without it, you will not be permitted to work with the youth of our Camp. Once we have registered you, you will receive a detailed packet of information about what is expected of you... >>>

Please circle one area to register for: We expect all of our volunteers to be regular church attendees and in good spiritual condition, with a personal relationship with Jesus.

Group Leader - in charge of a group of young people. Preferred age groups: _____ 8-11 _____ 12-15 _____ 16-19 We cannot guarantee you will get your request, but we’ll try!

Medical Assistant - Assisting our Head Nurse. You must either be a currently licensed RN, LPN, CNA1 or CNA2. Will tend to minor injuries, cuts, & bruises, etc. What is your position? _____ RN _____ LPN _____ CNA1 _____ CNA2 _____ Other: _____ (Required to volunteer) License or Certification #: _____

Life Guard - You must be Red Cross or Tennessee certified to work as a lifeguard. (Required to volunteer) Certification #: _____

Security Guard - Must be in good physical condition & spiritual condition. The security guard position is very important and requires a lot of attention to detail, and is expected to be taken seriously.

Would you be willing to work during the nightly services (7- 11 PM)? _____ Yes _____ No
Would you be willing to work during the night (11PM - 6 AM)? _____ Yes _____ No

Kitchen Crew: will work under the supervision of our Kitchen Manager, Ramona Nix. Group leaders will not be allowed to also work in the kitchen.

“I understand that I am expected to follow all rules and abide by Biblical ethics. I vow that I am a Christian, I believe in the full Gospel of the Bible, I attend church at least two or three times a week (regularly), and I am striving to live a Christian life to the best of my ability, relying on the Holy Spirit’s guidance and help. I hereby give permission for emergency treatment or surgery as recommended by attending physician if I am not coherent enough to make the decision myself. I also understand that United Christian Youth Department and Ministerial Association are not liable for any injuries. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Adult Volunteer Signature

Date

Your Pastor’s Signature: _____

Date: _____ Phone: _____

Name of Church: _____

Pastors, by signing, you are vouching that this person is capable of working with young people on a mature level; that he/she is in right standing with God; has been a faithful, committed church member; and would be an excellent role model for the youth of this generation, and lives a life pleasing unto the Lord. Please note that we may call you for further reference.

PLEASE MAKE AS MANY COPIES OF THIS AS NEEDED.