

STUDENT VOLUNTEER REGISTRATION



CSM Summer Camp

July 18 - 22, 2022

Nosoca Pines Ranch / Lake Wateree, SC

\$125 Student Volunteer

This is the most important event that students will have all summer! Current 2nd - 5th graders and current 6th - 8th graders will grow closer to the Lord, make friends and memories that will last a lifetime! A week of boating and tubing on the lake, diving and splashing in the pool, laser tag, giant inflatable slides, and competing against other cabins to win the ultimate prize and bragging rights!

(Though 2nd-5th graders and 6th-8th graders will be going to camp together, elementary and middle school students will have separate cabins, activities and worship times.)

Volunteers need to fill out the Volunteer Registration form, Central Church liability form, and a Medical Release Form.

COST: \$125

Total balance must be paid by May 29, 2022.

The \$25 non-refundable registration fee and all forms - Camp Registration form, Central Church liability form, and Medical Release - must be turned in by May 29, 2022.

Forms turned in after the deadline may not be processed.

No refunds will be given after July 3, 2022.

For questions, please contact:

CSM KIDS: austinw@centralnc.org or adar@centralnc.org

CSM JV: douga@centralnc.org

VOLUNTEER ROLES:

- Lead Counselors and Co-Counselors
- Recreation Team – Games, Activities, and Competitions
- Arts and Crafts Team
- Food Services Team

VOLUNTEER EXPECTATIONS:

CSM Summer Camp exists for the students. They are the central focus of all our attention and energy. We are looking for volunteers with the following:

- **SPIRITUAL LEADERSHIP** – Volunteers must have an active relationship with the Lord and be willing to talk freely with students about the Bible and the spiritual themes discussed in services and devotion times. When appropriate, counselors should feel comfortable sharing from their personal lives. Volunteers must be active and engaged during worship services and cabin devotion times.
- **ENTHUSIASM AND ENERGY** – All volunteers should assist in the camper's involvement and excitement for all activities. When you are encouraging and excited, the campers will be too!
- **STUDENT-FIRST MENTALITY** – You are at camp to serve! The campers are your number one priority. Their safety, comfort level, and overall experience (recreational and spiritual) are in your hands. We want all students to have an amazing time, make friends, and grow closer to the Lord. You are a huge part of that!

SUMMER CAMP 2022 VOLUNTEER REGISTRATION

VOLUNTEER NAME: _____

(Circle One) **MALE** or **FEMALE** **BIRTHDATE:** _____ **AGE:** _____

CURRENT GRADE (2021/2022 School Year//we will move up to new grades on Sunday, August 14th): _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CELL: _____ **EMAIL:** _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN CELL: _____

PARENT/GUARDIAN EMAIL: _____

SECOND PARENT/GUARDIAN NAME: _____

SECOND PARENT/GUARDIAN CELL: _____

SECOND PARENT/GUARDIAN EMAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT CELL: _____

T-SHIRT SIZE: _____

ANY KNOWN FOOD ALLERGIES? (Circle One) **YES** or **NO**

If yes, please tell us about your food allergies:

(If severe, please contact CSM KIDS or CSM JV)

Please include your \$25 nonrefundable deposit with this form.

VOLUNTEER STATEMENT

Do you attend Central Church? Describe how many years you have attended and how you are involved:

Do you consider yourself a Christian? Tell us about your relationship with the Lord: _____

Why do you want to volunteer at CSM Summer Camp?

List areas you would like to serve: _____

List one reference: (Provide name, number, and email):

ONCE REGISTRATION IS RECEIVED, YOU WILL BE CONTACTED FOR AN INTERVIEW.

Liability Release Form 2022

In consideration for being accepted by Central Church for participation in any/all of the 2022 CSM trips and events, we/I, being 18 years of age or older, do for ourselves (myself) [and for and on behalf of my student if said student is not 18 years of age or older] do hereby release, forever discharge and agree to hold harmless Central Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the student-participant that occur while said student is participating in the above described trip or activities involved therein.

Furthermore, we/I [and on behalf of our (my) student-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death damage and expense as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this student.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said student, including expenses incurred attendant thereto.

IF THE STUDENT HAS NOT ATTAINED THE AGE OF 18 YEARS:

We/I are the parent(s) or legal guardian(s) of this student, and hereby grant our/my permission for him/her to participate fully in said trip, and hereby give our/my permission to take said student to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the student to return home due to medical reasons, disciplinary action or otherwise, we/I hereby assume all transportation costs.

Type or Print Name of Student

Parent(s) Telephone #

Parent(s) Work #

Parent(s) Cell/Pager #

Insurance Company (insurance required)

Policy #

Family Physician

Physician's Telephone #

Only student need sign if 18 years of age or older.
If under 18, parent(s) must sign.

Mother Date

Father Date

Legal Guardian Date

Student Date

Emergency Name & Phone Numbers:

Responsible party's home address: _____

Responsible party's company name: _____ Phone #: () _____

CENTRAL CHURCH 2022 Student Camps

MEDICAL RELEASE

(Age 18 and under)

I hereby give my full and unconditional permission as noted below, to the staff and named workers of Central Church to administer over the counter medicine to my child if they deem it necessary and appropriate. These medicines would include, but not be limited to the following:

- Aspirin
- Tylenol
- Advil
- Pepto Bismol
- Immodium AD
- Antacids such as Tums, Roloids, etc.
- Cold medicine

This permission is extended to Staff of Central Church.

Student's Full Name: _____

EXCEPTION TO THE ABOVE: *I do not give my permission for the following to be administered at any time or under any circumstances.*

List: (Please be specific) _____

My child takes the following prescription medications on a regular basis: (List) _____

Known allergies (food or medication) Please be specific: _____

PARENTAL APPROVAL: This form must be signed by both parents or the child's legal guardian. In the case the parents are legally divorced or separated, the parent who has been given legal custody must sign. Each student must have his/her own separate form.

Father: _____

Date: _____

Mother: _____

Date: _____

Legal Guardian: _____

Date: _____

SUMMER CAMP SCHOLARSHIP FORM 2022

Elementary (Grades 2-5), July 18-22, Regular Rate \$300

Junior Varsity (Grades 6-8), July 18-22, Regular Rate \$300

Student Name _____ Grade (2021-2022) _____

Student Name _____ Grade (2021-2022) _____

Student Name _____ Grade (2021-2022) _____

Parent(s) Name _____

Marital Status _____

Address _____ City & State _____

Dad's Cell # _____ Mom's Cell # _____

Home Phone _____ Parent Email _____

Please complete the following information:

1. Are you a member of Central Church? Yes No If so, how long? _____

If not, what church do you attend? _____

2. Depending on your financial situation and eligibility, we are able to sponsor up to half of your student's camp cost. How much would you be able to pay for your student? \$ _____

3. Is this the first time you have applied for assistance? Yes No If no, when? _____

4. Was your previous financial situation different than your current situation? _____

5. Why are you in need of financial assistance? _____

The staff of Central Church believes that summer youth camp is one of the most important and memorable experiences in spiritual and social development that we offer. Therefore, we will work with you in all aspects to help your child(ren) go to camp. We will work with each financial situation individually and diligently. By signing your name, you and your student agree to pay the remainder of the camp balance – after any assistance – through personal payment before the balance due deadline.

Parent Signature: _____ Date: _____

PLEASE SUBMIT THIS FORM BY SUNDAY, MAY 15 * FINAL PAYMENTS ARE DUE SUNDAY

JUNE 15 * PLEASE MAKE ALL CHECKS PAYABLE TO CENTRAL CHURCH

For questions regarding CSM Kids Summer Camp contact Ada Robinson at adar@centralnc.org or Austin Whittington at austinw@centralnc.org.

For questions regarding CSM Junior Varsity Summer Camp contact Doug Arvin at douga@centralnc.org.