

Friday July 21st - Sunday July 23rd

Counselor In Training Registration

Students in grades 11-12 are encouraged to be a Counselor In Training!

Name: _____ Male/Female

Address: _____

Phone Number: _____

Age: _____

Shirt Size: (circle) Youth-L Adult-S Adult-M Adult-L Adult-XL

Email to use for camp information:

Prior camp experience: _____

*Counselors In Training attend camp free of charge.

Will help with fund raising: YES / NO

Each CIT is expected to:

- † Be a role model to the campers
- † Know where your campers are at all times
- † Stay with your campers
- † Make camp fun for everyone
- † Shine God's love for all to see
- † Spend the night in your cabin with your campers

Join our Facebook group:
St. Andrew Summer Camp
<https://www.facebook.com/groups/256108151239173/>

shine like the SON!

Medical Information:

Emergency Contact (Name and Number): _____

Doctor Name and Phone _____

Hospital Name and Phone _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Signature: _____

*** Please leave phones, electronics or other valuables at home. St. Andrew Summer Camp will not be responsible for lost, stolen or damaged personal items.

Please return registration form to church office or mail to:

Tyler and Michelle Schwartz
3961 State Rd AA
Tebbetts, MO 65080

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Permission to Use Photograph

I grant to St. Andrew Church, its representatives and employees the right to take photographs of me and/or my child(ren) and/or my property in connection with the above-identified subject. I authorize St. Andrew Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that St. Andrew Church may use such photographs of me and/or my child(ren) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

Signature, parent or guardian _____
(if under age 18)

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