



# NAVAJOLAND BAPTIST YOUTH CAMP

## Camp Staff/Counselor Form

**Camp(s) Attending:**

Junior Camp

Teen Camp

### Personal Information

Name: \_\_\_\_\_ Gender (circle): Male Female

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Church Information

Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

Are you a Senior Counselor?  Yes  No

### Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Information

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company (optional): \_\_\_\_\_

Policy Number(optional): \_\_\_\_\_

*Or attach a photocopy of the card's front and back to this form*

### Transportation Information

Will you be transporting campers to camp?  Yes  No

Vehicle Description: \_\_\_\_\_

I have valid driver's license and insurance

### **Camp Leadership & Conduct Agreement**

I understand that I am expected to support and enforce camp rules, maintain appropriate conduct, and follow the direction of camp leadership. I understand that my role at camp is to help maintain order, safety, and a Christ-honoring spirit throughout the duration of camp and agree to conduct myself in a manner consistent with Christian testimony and the expectations of Navajoland Baptist Youth Camp. I understand that camp leadership reserves the right to remove workers or counselors from responsibilities if necessary.

### **Consent & Liability Agreement**

I understand that participation in camp activities involves inherent risks, including but not limited to physical activity, outdoor conditions, and group activities. I agree not to hold Navajoland Baptist Youth Camp, its staff, volunteers, or affiliated churches liable for injury, illness, or loss of personal property. In the event of illness or injury, I authorize designated camp personnel to obtain emergency medical treatment for me if necessary.

I give permission for photographs or video of myself to be used for camp-related purposes.

### **Acknowledgment**

I have read and agree to all camp rules and expectations.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

A ministry of Chambers Baptist Church with Navajoland Baptist Missions  
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