

**St. Timothy's Episcopal Church**

**Vacation Bible School 2017 - Counselor Registration Form**

Prep days July 20-21, Sunday July 23rd; Camp Week July 24-28

Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_ Gender: M / F

T-shirt size (check one): Adult: S M L XL XXL

Counselor E-mail: \_\_\_\_\_

**CONTACT INFORMATION**

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

*In case of an EMERGENCY if the above person(s) cannot be contacted, please notify:*

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHOTO PERMISSION:** I/we understand that my/our child may be photographed while participating in the activities of St. Timothy's VBS. I/we (DO) or (DO NOT) give permission for a recognizable image of my/our child to be displayed on the internet, St. Timothy's website, flyers or bulletin boards or Mt. Cross Ministries. I/we do understand that a non-recognizable image, such as a group picture may be used.

Date	Signature	Relationship
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**MEDICAL RELEASE:** I/We the parents or legal guardian of \_\_\_\_\_, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. My insurance information is as follows:

Provider: \_\_\_\_\_ Group No. \_\_\_\_\_

Primary Insurance Holder: \_\_\_\_\_ ID No. \_\_\_\_\_

Date	Signature	Relationship
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Allergies: \_\_\_\_\_

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

Other information: \_\_\_\_\_

**St. Timothy's Episcopal Church**  
**Vacation Bible School 2017 - Counselor Requirements**

Prep days 7/20-7/21 Sunday 7/23; Camp week July 24-July 28

**Registration deadline: June 20**

**Counselor Name:** \_\_\_\_\_

Have you been a counselor at VBS before?  Yes  No

What did you do? \_\_\_\_\_

Did you enjoy it? \_\_\_\_\_

Do you have any siblings who will be participating in VBS?  Yes  No

What are their names and grades? \_\_\_\_\_

Can you be here as needed for preparation, Sunday meeting July 23 and all of VBS week?  Yes  No

If not, which dates would you miss? \_\_\_\_\_

Do you prefer younger or older campers (does not apply for CITs)?  Younger  Older

Would you like to work with the preschool children?

Yes  No

**REQUIRED COMMITMENT TO BE A COUNSELOR AT VBS**

❖ **ALL COUNSELORS (including CITs)**

- Available for prep days as needed: July 20-21
- Mandatory counselor meeting with Mt. Cross Team counselors Sunday July 23
- Required to be at VBS on July 24-July 27 8:30-3:30 July 28 8:30-2:00
- Want to have fun!

❖ **Counselors in training (CIT: 6<sup>th</sup> graders in the fall of 2017)**

The counselors will be together in their own group during camp week with an adult supervisor.