

ATTENTION PLEASE: Both Camper and Parent must sign for youths under 18 years old. Please read the following before signing. All Staff and Campers will be required to abide by this agreement the entire week of TP Children's Camp.

DEAR PARENT/CAMPER: We, the Sponsors nor Staff nor Campground Owners will be liable for any injuries or accidents or stolen property; the undersigned hereby expressly agrees to protect the above mentioned against compensation and claim for damages on the part of said participant of TP Children's Camp. There will be no liability for statements made that disagree with your personal convictions. We strive to teach the Word of God and believe in Salvation according to Acts 2:38. We strive not to conflict with Pastoral rulings for their church. Our focus is building up the inner man. Understand, in the event of sickness or injury the Camp Staff has permission to grant medical attention by Physicians, but sponsors will make every effort to notify parent(s) or guardian immediately. You must also acknowledge that this Camper has not been diagnosed with any mental or emotional or learning disabilities that prevent them from functioning independent of one on one supervision. TP Children's Camp is a religious organization that is staffed with volunteers. We cannot guarantee professional staffing needed to create the safe environment or attention special needs may cause. Camper must agree to abide by all rules governing TP Children's Camp. Parents, should your child create a serious discipline problem, you must immediately remove them from the Camp at your expense within 24 hours. We will not tolerate disrespect to the staff or peers, illegal drugs, alcoholic beverages, cigarettes, ungodly music or language, leaving the Campgrounds, inappropriate dress which includes no pants or pants like attire for ladies, no short skirts with leggings. and men can wear shorts well below the knee and not sagging. No nose rings or tongue rings and the men cannot wear earrings, and no revealing attire for any-one. We reserve the right to deny staff or campers admittance based on medical conditions or emotional conditions, if we don't have adequate professional help present.

Camper's
Signature: _____

Minor's Parent/Guardian's
Signature: _____

Applications with Social Security Numbers will be confidential and destroyed at the end of Camp.



Children's Camp

2019

October 4-6, 2019



TP CHILDREN'S CAMPER & STAFF APPLICATION (PRINT NEATLY)

Both Staff and Campers can complete this form. Send completed form with \$65 fee. Jr. Staff and families with 2+ kids are \$60. Adult staff are \$60. Camp positions are on a first come, first serve bases. No refunds after September 22, 2019. Mail completed application with a money order or check to Turning Point FWC, 4501 N. Post Road, Indianapolis, IN 46226. We do not accept applications without deposits. If you have questions or concerns, contact Taquoya Porter by calling 317.946.6188 or 898.4423 (fax) or emailing at taquoya@hotmail.com. Criminal History checks may be required for staff. **APPLICATION MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN.**

APPLICATIONS ARE ACCEPTED UNTIL WE ARE FULL.

NAME: _____ D.O.B. _____ SEX: M or F Grade

Grade Level: _____

ADDRESS: _____ CITY: _____

STATE _____ ZIP _____

BAPTIZED? YES OR NO

RECEIVED HOLY SPIRIT? YES OR NO

CAMPER: ANY OTHER SIBLINGS ATTENDING CAMP? _____

DO YOU HAVE ANY LEARNING DISABILITIES? _____ DIET RESTRICTIONS? _____

TAKING MEDICINE? _____, If yes, please explain.: _____

PARENT'S OR ADULT STAFF INFORMATION:

HOME TELEPHONE #: () _____ CELL NO.#() _____

WORK # () _____ EMAIL ADDRESS: _____

18 years & up SSN#: _____

CHURCH NAME: _____

PASTOR'S NAME: _____

CHURCH TELEPHONE #: _____

STAFF POSITIONS AVAILABLE:

Kitchen: __ Altar Workers: __ Dorm Monitors: __ Workshop Leaders: __ Grounds Monitors: __

IF YOU ARE APPLYING FOR STAFF OR OVER 18 YEARS OLD ATTENDING CAMP, PLEASE HAVE YOUR PASTOR SIGN THIS APPLICATION HERE: (Pastor's Signature)

DATE: _____

IN CASE OF EMERGENCY CONTACT?

RELATIONSHIP TO APPLICANT? _____

For Office Use Only

_____ \$ Amount Paid

_____ Date Received