

YOUTH

YOUTH

2014 VACATION CHURCH SCHOOL NEW HOPE CAMP AND CONFERENCE CENTER

June 16th – 20th
8:30 a.m. – 1:00 p.m.

Participating Churches: First Presbyterian Church, Iglesia Emanuel, Mt. Bethel Presbyterian Church, Trinity Avenue Presbyterian Church, and Westminster Presbyterian Church

- Enjoy fun, fellowship, and **outdoor** activities!
- Meet and make new friends!
- Become stewards of God's world!

WHO: Youth grades 7-12
(grade refers to grade just completed by June 16th)

As youth counselors, you will be given the opportunity to work directly with younger children in "family groups" or at various activity stations (listed on the registration form).

| | | | |
|--------------------|---------------------|---------------|-------------|
| MUSIC | GAMES | BIBLE STORIES | FAMILY TIME |
| MARKETPLACE CRAFTS | POOL AND WATER PLAY | FIELD GAMES | |

**Questions: Contact Barb Schmidt at
Westminster Presbyterian Church at 919-489-4974
or your church's VCS representative .**

YOUTH

VCS Youth Volunteer Registration Form, 2014

First and last name (as it should appear on nametag): _____

Parents' Name(s): _____ Church Affiliation: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email (youth): _____

Email (parents): _____

Phone number(s): Home: _____ Parents: _____

Cell (youth): _____ Parents: _____

Age: _____ Date of birth: _____ Grade completed: _____

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

____ **Carpool list:** Please check if you would like your name placed on a carpool list. The list will be sent with your registration packet in May so you can make carpooling arrangements.

____ I can help at VCS on the following days: **M T W TH F**

I will help: leading a group ____; marketplace crafts ____; pool/water games ____; field games ____; music ____; nursery care (for younger children of those volunteering); bread baking ____; setup Saturday, June 14th at New Hope Camp ____; clean-up/help return items to storage at Westminster immediately following Friday's closing activities ____.

Specific request for **area** to help as listed above, (pool, music, etc): _____.

Please fill out Permission Slip on back!

Please send form(s) to:

VCS, Westminster Presbyterian Church, 3639 Old Chapel Hill Rd., Durham, NC 27707
or email to bschmidt@wpcdurham.org

YOUTH

Vacation Church School 2014 Permission Slip

Youth Counselor's Name _____

I give my permission for my above-named youth to participate in the activities of the 2014 Vacation Church School program at New Hope Camp and Conference Center, Chapel Hill, NC.

I hereby release and hold harmless First Presbyterian Church, Iglesia Emanuel, Mt. Bethel Presbyterian Church, Trinity Avenue Presbyterian Church and Westminster Presbyterian Church, all of Durham, North Carolina, the staff of teachers and leaders, their officers, employees, governing bodies and their members and the leaders of this activity, **from all responsibility and liability for any claims for injury, illness, death, or other harm that the child named above may sustain** during this vacation church school program. In the event of an emergency, I hereby authorize any adult leader of this program, as agent for me, to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate). I expect to be contacted as soon as possible if there are any problems, medical or behavioral, with my child during this activity.

Signature of Parent or Guardian

Date

Emergency Telephone Number(s) _____ or _____

Medical Information:

Allergies: _____

Medication(s): _____

Will youth be required to take meds at camp? _____

Physical handicaps or limitations: _____

Medical Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Policy Holder's Name: _____

FOR THURSDAY'S CIT/YOUTH COUNSELORS COOKOUT ONLY:

I give permission for _____ to remain at New Hope Camp & Conference Center on Thursday, June 19, 2014 to enjoy some food, fun and free time. I understand I will need to pick up my CIT/Youth at NHCCC by 4:30pm.

Parent or Guardian

Date