

# STAFF

**REGISTRATION - 2008 - WHITEWATER CHRISTIAN CAMP**  
**1 Whitewater Camp Rd., Vevay, IN 47043 Phone: 812-534-3020**

Email: [whitewaterchristiancamp@orvcomm.com](mailto:whitewaterchristiancamp@orvcomm.com) Web: <http://whitewaterchristiancamp.com>

## INFORMATION

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ PHONE \_\_\_\_\_  
Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (zip) \_\_\_\_\_  
Email \_\_\_\_\_  
Home church: \_\_\_\_\_ Gender: [ ] Male [ ] Female

## MY AREA OF CAMP MINISTRY: Check your assigned job or jobs:

In Which Camp Week will you be serving? \_\_\_\_\_ Dean \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dean of the Week | <input type="checkbox"/> Teacher                        | <input type="checkbox"/> Missionary                    |
| <input type="checkbox"/> Assistant Dean   | <input type="checkbox"/> Team Counselor/Coach           | <input type="checkbox"/> Cook                          |
| <input type="checkbox"/> Dean of Boys     | <input type="checkbox"/> Activities/Recreation Director | <input type="checkbox"/> Assistant Cook                |
| <input type="checkbox"/> Dean of Girls    | <input type="checkbox"/> Junior Staff                   | <input type="checkbox"/> Health Tech                   |
| <input type="checkbox"/> Cabin Dad        | <input type="checkbox"/> Dependant - Child of Staff     | <input type="checkbox"/> Waterfront Director/Lifeguard |
| <input type="checkbox"/> Cabin Mom        |   |  |

## MEDICAL INFORMATION Provide information which may be needed by Camp Health Tech or Physician

1st Emergency Phone: \_\_\_\_\_ 2nd Emergency Phone: \_\_\_\_\_  
Medical/Health Conditions: \_\_\_\_\_

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

Date of Last Tetanus Shot \_\_\_\_\_  
*(For Junior Staff, all prescription medicines must be given to health tech in original containers at the time of registration. If you require dietary variation for medical reasons, please notify the cooks.)*

## PARENT'S PERMISSION (For Junior Staff under age 18)

- I hereby give my permission for the above named camper to attend camp and participate in all of its activities.
- I affirm that my child has read with me the rules for conduct on the back of this form and has agreed to abide by them.
- I consent to providing of medical care and/or transportation by the Whitewater Christian Camp Health Tech or other Staff.
- I give permission for my child's photo or video likeness to be used for camp promotional purposes.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Whitewater Christian Service Camp Personal Worker Contract

I agree to serve Christ at Whitewater Christian Service Camp. I will prepare myself mentally, physically, and spiritually for this ministry. While at camp I agree to love and guide any young person God places in my charge; I will make a special effort to understand the campers who are difficult to love and accept, I will cooperate with the camp's policies and will do everything in my power to live at peace with my fellow workers. I will support the Dean of the week and do all I can to be a team player. I will pledge myself to be held accountable for my actions, will seek appropriate counsel in difficult situations, and will assist my fellow workers in glorifying Christ. I recognize that I will be putting my personal pleasures aside, so that I can give myself to camp ministry. I will thank God daily for the great privilege of serving Him by ministering to His children.

Signed \_\_\_\_\_ Date \_\_\_\_\_