

SHIFT

Counselor/JR Counselor Registration Form

Cost: \$40.00

*****Registration DUE by AUGUST 30*****

5th & 6th Grade Sunday School Teachers are FREE but pay just \$5.00 for a t-shirt
(Maximum of 2 FREE 5th and 6th grade teacher's registrations per church)

All Jr. Counselors must be 15 or older before the start of ~~SHIFT~~

All counselors 18 or older must have a background check done prior to approval.

Name _____ D.O.B _____ Shirt Size _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell _____ Work: _____

Home Church: _____ Pastor: _____

E-mail: _____

Medical History: Please list below any known food, drug, or other allergies that you may have: _____

** If you are under the age of 18 all medication must be given to the camp nurse for dispensing. If you are 18 or older please keep all medication secure and advise the camp nurse of any necessary conditions or concerns.

Counselor Signature (18 or older) _____ **Date:** _____

If under 18 this form must be notarized:

I hereby authorize medical treatment to the above named camper in the event of illness or accident during the East Tennessee District ~~SHIFT~~ Retreat.

I hereby validate with my signature this registration form and do expressly waive any and all claims against the East Tennessee District Church of the Nazarene and/or Board and/or any of its representatives, because of illness injury or damage to the person or property of the above named camper in connection with or incident to East Tennessee District Camp.

Signature of Parent/Guardian _____ Signature of Notary _____
Date: ___/___/___ Date: ___/___/___
Expiration of Commission
___/___/___

Please mail this form to:

Michael Mayfield

P.O. Box 66 Louisville, TN 37777

865-712-4662 michael@foothillscrc.org

Additional forms available at <http://www.etnazsdmi.com/shift>