

# 2018 SUMMER IMPACT LEADER REGISTRATION

Fill out both sides completely

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Church Name

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Church City

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Leader Name

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Cell Phone Number

Male     Female    Age: \_\_\_\_\_    D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Home Address

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Home Phone Number

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City, State, Zip Code

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Email

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Emergency Contact (s)

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Emergency Phone Number

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Relationship to Emergency Contact

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Date of Last Tetanus Shot

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Medical Insurance Company

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Group Number

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Insurance Policy Number

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Insurance Phone Number

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Primary Care Physician Name

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Physician Phone Number

Are you taking any prescription medication(s):     Yes     No    If so, please list medications and when they are taken:

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Please list all severe allergies, recent medical conditions, physical restrictions, and/or special needs you may have:

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In case of medical and/or surgical emergency, I hereby give permission to the physician selected by the Association of the Churches of God in Oregon, Inc. and its leaders to hospitalize and/or secure proper treatment (including but not limited to injections, anesthesia, X-rays, or surgery) for the above named individual.

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Leader Signature

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Date

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Print Name

## 2018 SUMMER IMPACT LEADER REGISTRATION – PAGE 2

This application is invalid without the Senior Pastor's signature.

**\*\*It is mandatory for every leader to fill this section out in its entirety\*\***

1. Have you ever been a leader for Summer Impact before?  Yes  No
2. Are you a regular youth leader for the church you are coming with?  Yes  No If yes, how long? \_\_\_ yrs \_\_\_ mo
3. What experience do you have in working with youth?
4. When were you saved? Please give a brief testimony.

**We take very seriously the safety and protection of our youth. That is why we need you to understand the responsibility that we expect of you as leaders and the example we need you to set. It is extremely important that you agree to follow and help uphold the boundaries, rules, instructions, and schedule given by the leadership of Summer Impact. Please review the rules below.**

### RULES OF CONDUCT AGREEMENT

**We expect each student and leader to conform to these rules of conduct**

- Respect property (Including but not limited to camp property, vehicles, activity locations, and personal property)
- Respect one another, staff, and adult leaders (Be uplifting, polite, non-offensive, and non-disruptive)
- Respect and comply with event schedules and designated areas
- Participation with the scheduled activities is expected
- All music and media must be appropriate for general audiences (G/PG) and up to leaders' discretion
- No cell phone use during services, session times, or after lights out
- No students can drive to activities
- No possession or use of alcohol, drugs, tobacco/pot & vapor pens
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (*Please cover your B's – Bellies, Buns, Boxers, Bras, Bikinis*)
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- No PDA (public displays of affection) and/or sexual misconduct

**I, the undersigned leader, agree to follow and help uphold the boundaries, rules, instructions, and schedule given by the leadership of Summer Celebration. I also agree to supervise the youth in my care to the best of my abilities.**

**LEADER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### TO BE FILLED OUT BY YOUR SENIOR PASTOR

I recommend this leader to the Association of the Churches of God in Oregon, Inc. as one who will cooperate with the director(s), staff, rules, and program of Summer Impact.

**PASTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Concerning the above-mentioned perspective leader:*

I have known him/her for \_\_\_\_\_ years \_\_\_\_\_ months

Has accepted Jesus Christ as their Lord and Savior

Yes  No

Is a regular attendee and active participant in our congregation

Yes  No

Has filled out a Background Consent Form that has been mailed to the District Office

Yes  No

**(BACKGROUND CONSENTS MUST ARRIVE NO LATER THAN ONE WEEK PRIOR TO EVENT)**