

Counselor Registration Form

2018 SWO NYI CAMP (6/18-6/22)



Counselor Information:

Counselor's Full Name: _____

Gender: Male/Female T Shirt Size: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Date of Birth: _____

Church: _____

Emergency Contact Information

Emergency Contact Name: _____

Home #: _____ Work #: _____ Cell #: _____

Physician Name: _____ Physician Phone: _____

Insurance Provider: _____

Insurance Policy Numer: _____ Date of Last Tetanu Shot: _____

Dietary Restrictions: _____

Allergic Reactions: _____

Health Restrictions: _____

Swimming or Activity Restrictions? Yes/No If yes, what? _____

**** Incomplete forms will not be processed ****

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2018 SWO NYI CAMP

Please read and sign the following "Commitment as SWO NYI Camp Counselor"

As a SWO NYI Camp Counselor, I commit to and understand that:

- Camp is not my vacation; that I am here to work/minister
- I must set an example for the students in my behavior by participating in EVERY activity.
- I must help in any way that is needed; i.e. games, small groups, etc.
- Assure that all students residing in my cabin are accounted for at curfew BEFORE I go to sleep.

Printed Name: _____ Date: _____

Signature: _____

Please send Counselor Registration and Payment to the address below:

SWO NYI
Attention: Aimee Pritts
Springdale Nazarene Church
11177 Springfield Pike
Cincinnati, OH 45246

Make Checks Payable to SWO NYI

Cost for Counselor Registration:
Registration: \$125.00