TEEN AMBASSADOR APPLICATION





**Lillie’s Quest Camp**

SPONSORED BY:

 

[**www.5breads2fish.org**](http://www.5breads2fish.org)

TEEN’S INFORMATION (Please print or type clearly)

last (family) name first (given) name middle name jr.,etc.

preferred name, if not first name birth date (month/day/year)

home address

City State ZIP/postal code

Parent/Guardian Teen’s home phone Parent’s/Guardian cell phone

Parent’s/Guardian Work Phone Parent’s/Guardian student’s email address

1st Emergency Contact & Phone Relationship to Teen

2nd Emergency Contact & Phone Relationship to Teen

**CHILD PICK UP INFORMATION:** Please list below other parties that you give permission to pick up your Teen in your absences. Please note that a photo State issue I.D. and photo of those picking up your Teen is required on file for you and your Teen’s protection.

**PLEASE NOTE:**  LQC will not release Teen unless this information is on file:

Pick up Person’s Name & Phone Relationship to Teen

Pick up Person’s Name & Phone Relationship to Teen

How did you hear about Lillie’s Quest Camp? [ ]  website [ ]  church [ ]  event at LQC [ ]  radio

[ ]  advertisements [ ]  other      [ ]  online search [ ]  media/news outlet

[ ]  friends/family

**TEEN STANDARDS OF CONDUCT**

Teens of Lillie’s Quest Camp (LQC) are expected to have a reputation of excellence to those in the community. Therefore, as a condition of enrollment, children agree to abide by all the standards set forth in the Parent/CHILD Handbook. A Teen’s signature on this form binds them to these standards from the point of initial enrollment until the end of camp or official withdrawal. This includes all summer vacations, holidays, and school breaks.

**ZERO-TOLERANCE POLICY:** Use of alcohol will result in a suspension of 10 camp days (with no extra-curricular involvement) including mandatory completion of a restoration plan and issuance of a behavior contract upon return. Second offense will result in expulsion. Lillie’s Quest Camps will immediately expel a Teen for the following violations: 1. Any gang affiliations 2. Sale or distribution of alcohol on or off camp grounds; possession, use, sale or distribution of drugs or any other substance that causes impairment on or off camp grounds 3. Possession or use of explosives, firearms, or any other item used as a weapon at camp 4. Any acts or threats which directly or indirectly jeopardize the health, safety, and welfare of camp personnel or other teens or children. 5. Theft is a serious offense and will result in immediately termination and a call to our local authorities. Part of being a Teen Ambassador is being accountable in our financial affairs. If we find in any way you have taken money or other children’s personal belonging we will report you to authorities and press charges. 6. Sexual misconduct. 7. Bullying, cursing or using verbal insults, hitting or peer pressuring small children or other Teen’s.

**SEARCH AND SEIZURE:** The camp administration is authorized to conduct searches based upon reasonable suspicion that a child has violated the law or camp policy. Camp authorities may also inspect and search places such as lockers, desks, personal belongings, vehicles and other camp property and equipment without notice to or consent of the Teen or parent. Furthermore, within reason, the camp administration or designated camp authorities may search places such as vehicles, lodging/accommodations, and personal belongings of children participating in or attending sponsored events (i.e. off-site quest trips, etc.). Any evidence found during a search will be confiscated. Parental contact or consent is not warranted prior to interviewing or questioning of a teen by camp authorities.

I hereby certify that the facts in this application are true and complete to the best of my knowledge. I have read, understand, and will abide by the above policies (Zero-Tolerance and Tobacco Products policies) as set forth by the Board of Directors of Greater Works Outreach Ministry G.W.O.M. I understand that my signature on this form binds me to these standards from the point of initial enrollment until the end of the camp or official withdrawal. This includes summer vacations, holidays, and school breaks.

Print Teen’s Name:       Teen’s Signature:       Date:

If your Teen does not live with both parents, he/she lives with:

[ ] natural mother only [ ]  natural father only [ ]  natural mother and stepfather

[ ]  natural father and stepmother [ ]  guardian [ ]  adoptive parents

Who has legal custody of the Teen

 (Written documentation may be required prior to enrollment.)

**PARENT/GUARDIAN INFORMATION PARENT/GUARDIAN INFORMATION**

first & last name first & last name

home address home address

City State Zip Code City State Zip Code

e-mail e-mail

Cell Phone Home Phone Cell Phone Home Phone

Place of Employment Place of Employment

Title/position Work Phone Title/position Work Phone

[ ]  I am financially responsible. [ ]  I am financially responsible.

If you need additional space please write below:

Does your son/daughter take medication on a regular basis? If yes, please specify medicine and dosage.

Is your Teen under the supervision of the Department of Children & Family Services or on Probations or has been incarcerated? [ ]  YES [ ]  NO - If yes, please explain:

What concerns, if any do you have regarding your teen’s emotions, self-esteem, or physical health you would like LQC to help assist your Teen with?

**STATEMENT OF NONDISCRIMINATION:** Lillie’s Quest Camp (LQC) admits teens of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to teens. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies, admissions procedures and other camp administered programs. We do, however, reserve the right to deny admission to any individual who cannot benefit from enrollment in the camp based on past behavioral issues.

**PARENT STATEMENT OF COOPERATION:** The following statement is printed on each enrollment application. Parents will be asked to affirm the statement with their signature on the application form.

We understand that enrollment in Lillie’s Quest Camp is not a right, but a privilege, and do affirm that there are standards that must be maintained for the welfare of each teen as well as for the entire camp. Therefore, if this application is accepted, we hereby give permission for our teen's supervisor and/or other agents of the Camp to make and enforce camp regulations in a manner consistent with Christian principles of discipline as set forth in Scripture. We will continue to uphold the authority of the teachers and staff of Lillie’s Camp Quest by recognizing their right to use the disciplinary measures they deem necessary. We will acquaint ourselves with the grounds for dismissal under disciplinary circumstances outlined in the parent handbook, and we will cooperate fully in this regard.

We also understand that all children, regardless of age, must live with a parent or legal guardian to maintain enrollment. If we ever find that we cannot accept the disciplinary standards of LQC we may withdraw your Teen or face possible dismissal. In the event of disciplinary reasons and the camp must dismiss, we will return to LQC all items given to them by their supervisor. We understand that we have entered into a contractual relationship with LQC it is you the parent’s responsibility to make sure your Teen abides by the camp policies of LQC as stated above and in the Parent/Child Handbook.

I have read and understand this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the camp reserves the right to reconsider the admission of this applicant.

Signature of Parent/Guardian:       Date:

Choose which camp your Teen will participate in:

[ ]  Teen Ambassador Camp ranges from ages 13 yrs. to 18 yrs.

**Release of Liability Form – Lillie’s Quest Camp**

**My Teen**        **has permission to attend all field trip activities with 5Breads & 2Fish/Lillie’s Quest Camp. I know and understand the purpose of the field trip and activities and I authorize my Teen to participate in the planned trip to the extent indicated by my signature below.**

**I agree, individually and on behalf of my Teen, to release and not hold 5Breads & 2Fish/Lillie’s Quest Camp. Program liable for any harm or injury to minor or damages to or loss of minor’s personal property, resulting directly or indirectly from his/her participation in the camp. This release includes all risks and liabilities connected with this field trip, whether foreseen or unforeseen by 5Breads & 2Fish/Lillie’s Quest Camp, the minor, or me and whether or not resulting from negligence of 5Breads & 2Fish/Lillie’s Quest Camp.**

**In the event that my Teen is injured or get sick during any trip or activity, and I the parent am unable to provide consent to his or her medical treatment, I authorize 5Breads & 2Fish/Lillie’s Quest Camp. Program to delegate on my behalf to proceed with any medical treatment deemed necessary by The 5Breads & 2Fish/Lillie’s Quest Camp, until I am able to provide consent or until someone legally able to speak on my Teen behalf is made available. I agree, individually and on the behalf of my Teen, to release, indemnify, and not hold The 5Breads & 2Fish/Lillie’s Quest Camp responsible for any liability which may be assessed against 5Breads & 2Fish/Lillie’s Quest Camp. Program as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.**

**Parent’s Signature:**        **Date:**

**MEDICAL RELEASE FORM**

**STUDENT NAME DATE OF BIRTH**

**EMERGENCY CONTACT INFORMATION**

**It is the responsibility of the parent or legal guardian to keep all demographic data (phone numbers, address, email, emergency contacts) up-to-date with the Camp office.**

**MEDICATION GUIDELINES: Medicine should ordinarily be administered in the home. However, at certain times, medication may need to be administered during the camp quest day in order that a child can attend camp on a regular basis. Forms are available in the Camp office. There are no nurse or dottora on site but we do have first Aide assistance.**

**ACETAMINOPHEN RELEASE: (6-12 Grades only) The child listed above has my permission to receive acetaminophen tablets, chewable or adult, in the dosage corresponding to the child’s age for complaints or headache or general malaise as dispensed by Lillie’s Quest Camp (LQC), or G.W.O.M. Please check one.**

 **\_\_\_Yes \_\_\_No SPECIAL MEDICAL CONCERNS Is there any special medical information that the school needs to be aware of, i.e. allergies, medication, previous surgery? (please list in the space below)**

**INSURANCE INFORMATION: (A copy of your insurance card front & back must be attached.)**

**Name of Health Insurance Company:**

**Policy Number:**

**Phone Number:**

**PERMISSION TO SECURE MEDICAL ATTENTION: In case of sickness or injury, the camp has my approval to secure, at my expense, medical attention as needed, if I am unable to be reached at any emergency contact numbers on file.**

**Parent/Guardian Signature Date**

**Student Signature Date**

**Print Student Name Grade for next year**

**Photography & Video Consent Form**

LILLIE’S QUEST CAMP

I,       , the parent of a Teen at agree to the following:

I understand that my Teens whose names(s) are listed below may be photographed and video-taped at the Summer camp during normal summer camp hours, field trips, or activities. I understand that these photographs and videos may be used in promoting summer camp services, either in printing or on the internet.

Place a checkmark in the box below if you agree to Lillie’s Quest Camp to distribute your address/phone information to other camp families. At times we send photos or videos showing parents their children’s activities of the day. When LQC sends videos, it could include another Teen/child’s interaction with their Teen.

[ ]  I/we understand that my/our Teen’s likeness may be photographed or videotaped by the camp in the course of school activities. I/we hereby give consent for the school to use my/our Teen’s likeness in promotional and/or advertising materials. Place a checkmark in the box below for permission to use your Teen’s image in promotional and/or advertising materials.

Please note: this statement does not include pictures taken by the news media.

[ ]  I give Lillie’s Quest Camp permission to use my Teen’s image in promotional and advertising materials.

The Teen are known as the following:

1.
2.
3.
4.

With my signature below I grant permission for my Teen to be photographed, or their images recorded for printing or electronic use in promoting LQC’s summer camp services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my Teen’s enrollment. I understand that there will be no payment for me or my Teen’s participation in this release.

Parent/Guardian Signature       Date

LILLIE’S QUEST CAMP

 PARENT/CHILD HANDBOOK & EMERGENCY EVACUATION PLAN SIGNATURE PAGE

By signing this page, I affirm that I have read and agree to abide by the policies and procedures outlined in the Emergency Evacuation Plan & Parent/Child Handbook.



Parent Signature Date

Student Signature Date

Print Student Name Grade

LILLIE’S QUEST CAMP

 is sponsored by the following organization:

[www.5breads2fish.org](http://www.5breads2fish.org)