

Boot Camp 2017

Teens For Christ Registration Form

June 4-9, 2017
Camp Adventure
5121 N. 1000 East
Pierceton, IN 465662
(567)-834-1300

**Boot Camp TOTAL Cost
\$400.00
including deposit and study**

Fill in all information and return with a
\$100.00 non-refundable deposit by Feb 19, 2017

You may pick up your study @ TFC for \$25, which will be deducted from your total cost.

Name _____

Parent's Name _____

Address _____

City/State _____ Zip _____

Phone (____) _____ Gender M F Age _____

E-mail _____

Graduating Class of '16 '17 '18 '19

School/Chapter _____

Church _____

This is my 1st - 2nd - 3rd - 4th year at Boot Camp (circle one)

I would possibly like to be placed in a platoon with one of these 4 students:

T-shirt is included in the price of camp-

T-Shirt size: ()S ()M ()L ()XL ()XXL ()XXXL

I understand and agree to the commitment involved in this year's TFC Boot Camp. Mandatory meetings are held at the TFC office and are as follows:

Feb. 19 2:30-5:30pm

April 30

2:30-5:00pm

March 12

2:30-5:30pm

May 21 2:30- 5:30pm

June 1 6-9pm

Name: _____

Summarize each chapter in 2-3 sentences. (Use a separate sheet of paper if needed)

2 Samuel 1

2 Samuel 2

2 Samuel 3

2 Samuel 4

2 Samuel 5

2 Samuel 6

2 Samuel 7

2 Samuel 8

Name: _____

Summarize each chapter in 2-3 sentences. (Use a separate sheet of paper if needed)

2 Samuel 9

2 Samuel 10

2 Samuel 11

2 Samuel 12

2 Samuel 13

2 Samuel 14

2 Samuel 15

2 Samuel 16

2 Samuel 17

2 Samuel 18

2 Samuel 19

2 Samuel 20

2 Samuel 21

2 Samuel 22

2 Samuel 23

2 Samuel 24

1. Briefly share how and when you came to know Jesus Christ as your personal Lord and Savior.

2. In what ways have you matured since your conversion?

3. What Bible studies, prayer groups, youth group activities, etc., are you involved in?

4. How does Satan seek to take you out of the fight?

5. What are your personal/spiritual strengths?

6. What spiritual goals have you set up for the next year?

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TEENS FOR CHRIST BOOTCAMP 2016

EMERGENCY MEDICAL AUTHORIZATION (MUST BE NOTARIZED)

PURPOSE: To enable Parents and Guardians to authorize the emergency treatment of youth who become ill or injured while attending camp.

EFFECTIVE DATES: June 4-9, 2017

Name _____ Birth date _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

Name & Phone # of someone who could reach parents _____

Employer _____ Phone # _____

Is this person currently covered by medical insurance? _____ yes _____ no

Health Insurance Carrier _____ Policy # _____

Insurance emergency phone # _____

Date of last Tetanus shot (update if needed) _____

Date of your last physical examination _____ If you are having any medical problems, please have a physical done before Boot Camp.

Have you been under doctor's care anytime during the past 12 months? Yes _____ No _____

If yes, what have you been under a doctor's care for? _____

Medications or herbs now being taken: _____

List of all Allergies _____

Have you been diagnosed with any of the following conditions?

Patient Medical History (circle if applicable)

Other: _____

Family Physician _____ Phone # _____

Address _____

In the event reasonable attempts to contact me have been unsuccessful, I _____ (parent) hereby give my consent for Buck Sutton, Kristin Sutton, Stanley Spencer, Carolyn Hensley or the camp nurse to sign for emergency care for my child as deemed necessary by a licensed physician. I also authorize the transfer of my child to any hospital that is reasonably accessible. This authorization does not cover surgery, unless deemed necessary by two licensed physicians or dentists prior to the performance of such surgery.

I also understand that there are inherent and other risks associated with camping activities and acknowledge that injuries are a common and ordinary occurrence of camping. I further understand that there are inherent and other risks associated with the physical training and other physically demanding aspects of Teens For Christ Boot Camp, and acknowledge that injuries are a common and ordinary occurrence of physical training and physically demanding activities. I agree to assume freely and expressly all risks of injury which may arise from participation in the activities of and around the Teens For Christ Boot Camp. Therefore, I release, hold harmless, and indemnify the employees and volunteers of Teens For Christ from all medical and legal liability incurred in the travel, lodging, recreation, study, and all other camp associated activities on the dates June 11th through June 17th, 2016, including any personal injury or property damage relating to participation in the camp.

Participant _____

Parent or Legal Guardian (*signature*) _____

Witnessed by Notary Public on this _____ day of _____, 2017

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