

# Boot Camp 2018

June 4-9, 2018

**Camp Indicoso**

**1558 Sieboldt Quarry Rd.**

**Springville, IN 47462**

**(812)-275-6925**

**Cost \$200.00 Due. March 1st**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Best way to contact you is: \_\_\_\_\_

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T-shirt is included in the price of camp-

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

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## \*Mandatory Meetings:

Jan. 14	<u>Apps. Due</u> 3:30@ TFC office (Leaders' meeting)
Feb. 18	2:30-5:00pm Leaders 2:00—Student Apps. Due
March 18	2:30-5:00pm - Leaders 2:00
April 15	2:30– 5:00pm– Leaders 2:00
May 20	2:30-4:30pm- Leaders 2:00/ 4:45-6pm Leader's Debrief
May 31	6:00-9:00pm - Leaders 5:15 (@ Ward's)

\*All meetings are held at the Teens for Christ  
Office 1550 Elida Rd\*

If you are unable to attend a meeting, please call TFC  
**office in advance 419-224-8336.**

# Boot Camp 2018 Leadership Application

Name \_\_\_\_\_

Mandatory leaders' meeting @ the TFC Office: Jan. 14, 2018 @ 3:00 @ TFC office

**\*\*This is to be filled out by new Boot Camp leaders only**

1. Why do you feel God is leading you to participate in this year's Boot Camp?

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2. What are your personal/spiritual strengths?

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3. In what ways do you enjoy investing into teenagers' lives?

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

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5. Will you commit to attend the meetings, pray for Boot Camp, your platoon and finish your study by June 1st?

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6. Is there anything we can do for you to make your job as a leader easier or more productive?

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7. Are there any issues you are currently wrestling with spiritually?

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8. If you have led at Boot Camp before, in what area did you struggle most (your weakness) and in what area did you feel you excelled in most? Please explain.

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# **TEENS FOR CHRIST BOOT CAMP 2018**

## **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, 2018

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?

- |                           |                                     |                                 |   |
|---------------------------|-------------------------------------|---------------------------------|---|
| Acne requiring medication | Diabetes                            | Hyperthyroidism                 | Ring Worm                                 |
| Allergic Rhinitis         | Eczema                              | Hypothyroidism                  | Seizure Disorder                          |
| Arthritis/Rheumatoid      | Endometriosis                       | Irritable Bowel Syndrome        | Stroke                                    |
| Asthma                    | Fibrocystic Breast Cancer           | Kidney Problems                 | Thrush                                    |
| Athletes Foot             | Fibroid Tumors                      | Liver Disease                   | Toe Nail Fungus/Fingernail                |
| Cancer                    | Fibromyalgia                        | Lupus                           | Urinary Tract Infections                  |
| Chronic Fatigue Syndrome  | Gall Bladder Dysfunction            | Multiple Chemical Sensitivities | Yeast Infections                          |
| Chronic Sinusitis         | Gastro Esophageal Reflux            | Multiple Sclerosis              |   |
| Colitis                   | Glaucoma                            | Night-Blindness                 |   |
| Collagen Vascular Disease | Heart Disease                       | Pancreatitis                    |   |
| Dementia                  | Hepatitis                           | Peptic Ulcer Disease            |   |
| Depression                | High Cholesterol/High Triglycerides | Polycystic Ovarian Disease      |   |
| applicable)               | Hypertension                        | Psoriasis                       | <b>Patient Medical History</b> (circle if |
| Other: _____              |                                     |                                 |   |

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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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 physi-  
cal 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 4th through June 9th, 2018, 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 \_\_\_\_\_, 2018

seal Signed by Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**ALL YOUTH UNDER 18 MUST have this form completed and NOTARIZED.  
ALL YOUTH CURRENTLY COVERED UNDER THEIR PARENTS MEDICAL  
INSURANCE, regardless of age, must have this form completed and NOTARIZED.  
There is a Notary available at the Teens For Christ office.**