

3.

NAME	POSITION	ADDRESS – STREET	
STATE	ZIP	PHONE	E-MAIL

Every year quality staff are hired at Indian Creek Camp, in fact most summers the larger amount of our staff have been summer campers ICC and the summer of 2009, 88% of our summer camp team had been a previous CIT. The CIT Program at ICC is a great way to get your foot in the door so to speak. If selected you would spend the week of June 13 – 20 shadowing a summer camp counselor learning just what it means to a part of the team. Some of our previous CIT's have said that it is like a weeklong job interview, yes we do an evaluation at the end of the week, but it is more like a trial run to see if your skills will match up with our program.

I UNDERSTAND THE FOLLOWING:

- **This position as a volunteer is a nonpaid staff position**
- **All applications are reviewed**
- **Every applicant may not be select to participate in the CIT Program**

Student's Signature: _____

Emergency Authorization: In case of emergency, I hereby give permission to the physician selected by the camp directors to hospitalize, secure proper treatment for, and to the order injection, x-ray, anesthesia or surgery for my child. I also give permission to the camp caregiver to administer over the counter drugs to my child as necessary.

I have read and understand the Emergency Authorization statement and give full consent to the terms found therein. (This form may be photo copied for use out of the camp.)

As parent or legal guardian of the applicant, I am in favor of him/her attending Indian Creek Camp, participating in ALL activities including equestrian unless otherwise specified and accept the conditions named. I hereby release the KY-TN Conference Association and Indian Creek Camp and it's employees from liability in case of accident or illness. I support the policies of Indian Creek Camp and the camper agrees to abide by these policies. I also give permission to Indian Creek Camp to use photographs or video taken of the applicant during this camping season for the purpose of advertisement or as otherwise needed.

Form will not be processed without the following signatures

Parent/Guardian Signature _____ Date _____

We will look over your application and contact you.

PLEASE RETURN TO: Youth Department, Kentucky-Tennessee Conference,
P O Box 1088, Goodlettsville TN 37070-1088