

**NCO TEEN CAMP COUNSELOR REGISTRATION**

“IDENTITY”  
June 12-16, 2017  
\$50/adult

Registration Due: Friday, June 2<sup>nd</sup>

**BASIC INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church I attend: \_\_\_\_\_ Member \_\_\_\_ Regular Attendee \_\_\_\_

How long have you been a part of your church: \_\_\_\_\_

Emergency Contact (Name & Phone): \_\_\_\_\_

**MINISTRY EXPERIENCE (list most recent first)**

1. Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Area of Ministry: \_\_\_\_\_ When (From-To): \_\_\_\_\_

Responsibilities: \_\_\_\_\_

2. Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Area of Ministry: \_\_\_\_\_ When (From-To): \_\_\_\_\_

Responsibilities: \_\_\_\_\_

3. Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Area of Ministry: \_\_\_\_\_ When (From-To): \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**ABOUT ME**

When and how did you give your life to Jesus Christ?

What have you been doing to grow spiritually over the past 6 months?

Why do you want to be a counselor for Teen Camp?

What special qualities can you contribute as a counselor?

How would you explain salvation to a student?

## **BELIEF AGREEMENT**

As a counselor at a camp for the Church of the Nazarene, it is the expectation that you, as a counselor, agree with the following positions that we, as a church, believe and follow in accordance to the Manual of the Church of the Nazarene. As a counselor, you will very likely be challenged by teens on what the Bible and/or the Church has to say on these issues. If you disagree with any of these positions, please submit an explanation as to why you disagree.

### **A. The Authority of the Bible**

-We believe that the Bible is the Word of God, divinely inspired and inerrant in its form. The Bible was written by men who were under the inspiration of the Holy Spirit, and the opinions we hold are founded in Scripture. We believe that the Bible trumps the viewpoints and arguments that the world has to offer on any issue. If the Bible declares something to be right or wrong, our belief is that those things are still right or wrong today.

### **B. Use of Tobacco, Alcohol, and Drugs**

-We take a conservative stance on these issues, and we firmly believe that abstinence is the best practice in regards to these items. As a denomination, we believe that tobacco, alcohol, and drugs are not only harmful to the individual, but are a detriment to our society, and are contributions to the moral decay around us. By abstaining from these products and behaviors, we believe that a follower of Christ is better equipped to refrain from falling into sinful behavior in this area.

### **C. Premarital / Extramarital Sex, Homosexuality, and Transgender Behaviors**

-We believe in purity, and we encourage people to save themselves for marriage. No sexual sin is greater than the other, but sexual sin is still one that carries hefty consequences. In regards to homosexuality, we hold the position that this behavior is a choice, and it is sinful. None of these sexual behaviors are to be celebrated or accepted, but the individuals who are trapped in these practices need to be delivered through the power of the blood of Jesus Christ! We do not restrict anyone from being a part of our church, yet we do not compromise our position on these issues.

### **D. The ONLY Way**

-We believe that faith in Jesus Christ is the ONLY way to Heaven. If one confesses that they are a sinner, will repent of their sins, and submit their life to the Lordship of Jesus Christ, then they are a born again Christian! Just being a good person and doing good works is not enough. There must be a relationship with Jesus Christ, and we also believe that such a conversion will bring about transformation in the heart, mind, and lifestyle of a believer.

I, \_\_\_\_\_, wholeheartedly agree with the statements in the Belief Agreement, and I am willing to confirm these beliefs if and when students raise questions or concerns about such issue.

## **ADDITIONAL SPACE FOR ANSWERING THE ABOVE QUESTIONS:**

# TEEN CAMP MEDICAL & CIVIL LIABILITY RELEASE FORM

Required for each participant and adult sponsor.

Each attendee **MUST** complete the following Medical & Civil Liability Release Form.  
For those participants under the age of 18, the parent or legal guardian **MUST** sign.

Signed copies of this form **MUST** be returned with registration information.  
Individual registration is not complete unless the Medical & Civil Liability Release Form is on file.

## FOR EVERYONE:

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

## FOR YOUTH:

Parent/Guardian's Name \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## FOR YOUNG ADULT & ADULT PARTICIPANTS:

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you will be taking while at NCO TEEN CAMP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications you are allergic to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any medical conditions or activity limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_ authorize the  
*Parent/Legal Guardian* *NCO TEEN CAMP Participant*

leadership of NCO TEEN CAMP to care for the administration of general first aid treatment for any minor injuries received to my child during the event. If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of NCO TEEN CAMP or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I understand that NCO TEEN CAMP will require my son/daughter to make choices and keep a schedule, and that he/she may not be under direct adult supervision at all times.

I agree to release and hold harmless any staff and lay assistants of Nazarene Youth International Ministries, the General Church of the Nazarene, Mount Vernon Nazarene University, Camp Cotubic, and/or North Central Ohio Teen Camp from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their exercise of the power granted by this authorization. This liability release is valid during NCO TEEN CAMP, June 12 – June 16, 2017 (dates of camp).

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Student is covered by group or medical insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following information: NAME OF INSURED: \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_

GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_