



Straight Arrow Clubs & Camps, Inc.
 90006 Preston Bend Rd, Pottsboro, Tx 75076
 (469) 951-1758 email – jan.branch@texomachristian.org
Camp Registration – Counselors
 www.straightarrowcamp.org

Year _____ Tribe _____
 Bank _____

Name: _____ Preferred Name: _____

Address: _____ City, State, Zip _____

Male Female Date of Birth _____ Home Phone _____

Cell Phone _____ Email address: _____

Are you? Married Separated Divorced Remarried Widow

Name of Spouse: _____

Emergency Contacts:

Name: _____ Relationship to Volunteer _____ Phone Number _____

T-Shirt Size: _____ Occupation: _____

By my signature and of my free will, I do hereby agree to indemnify and save harmless the Straight Arrow Clubs & Camps, Inc. and their representatives from any and all claims or demands, costs or expenses arising out of injuries, damages or losses, whether personal or property, sustained by my or any party to whom I am responsible.

I authorize Straight Arrow Clubs & Camps, Inc. the use of my photograph(s) in Camp publications and/or website. Yes No

 Signature of Volunteer or Legal Guardian

BE AWARE: Straight Arrow Camp is located on 55 acres of wooded land. There are bee's, flying bugs, mosquitos, snakes, various other bugs, raccoons, and armadillo. We have certain peanut products. You should be physically and mentally fit to handle heat and humidity and the various bugs. If you have allergies, be aware and bring appropriate medication to offset this.

Camp is for the Campers, make sure you are aware of this and put them first. Do not have your cell phones, ipads, laptops, etc. out while you should be with the Campers.

If under 18 years of Age, you must also have the "CAMPER" Registration Form completed by your Legal Parent/Guardians.

How Many Years Camped including this Year? _____

Briefly describe your decision to Apply as a Counselor at Straight Arrow Camp for Summer 2020.

Any Additional Information You want Us to Know.

Please list any Certifications, Special Training, or Spiritual Gifts you feel will aide you in this ministry.

Volunteer Name: _____

You must be in good physical health and able to sustain hot weather. List any allergies or other physical restrictions or health issues below (e.g. diabetes, seizures, asthma, emotional disorders, etc)

**All Volunteers must carry medical insurance and/or be responsible for medical expenses in case of an emergency
Insurance Information:**

Insurance Company Name: _____ Telephone # _____

Policy # _____

Insured's Name: _____ Relationship to Volunteer _____

We are State Regulated. No medications are allowed in any cabin. All medications are stored and locked in the Kitchen Apartment. **NO MEDICATION ARE ALLOWED IN ANY CABIN.**

MEDICATION:

- All medicine OTC or RX must be turned into the Camp Administrator at Registration.
- Be sure all Medication is in original RX or OTC Packaging.
- Medication will be administered by Camp Personnel at the specified times.

List any allergies or other physical restrictions or health issues below (e.g. diabetes, seizures, asthma, emotional disorders, etc)

Are You taking any medications? Yes No

If yes, please list the medication, dosage to administer, and time to be administered each day:

Date of Last Tetanus Shot Administered: _____

I authorize Camp Personnel to administer the following medication to myself, as needed.

Acetaminophen (Tylenol)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ibuprofen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Benadryl (Allergy med)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cough drops/syrup	Yes <input type="checkbox"/>	No <input type="checkbox"/>

In case of an emergency, the representatives of Straight Arrow Clubs & Camps, Inc. will seek the assistance of a qualified doctor, dentist or emergency personnel. Please sign to indicate your acceptance of this policy.

The undersigned as the volunteer/guardian(s) of _____ do hereby consent to any and all medical/surgical treatment, anesthesia, or operations, which may be deemed advisable by any qualified doctor. The intention hereof is to grant authority to administer and to perform singularly any examinations, treatment, anesthetics, operations and diagnostic procedures that may be now, during the course of the patient's care, deemed advisable or necessary by any qualified medical doctor.

I further agree to hold Straight Arrow Clubs & Camps, Inc. and their representatives harmless for any liability to myself because of any claims on behalf of myself against the agents because of any injury or alleged injury to myself resulting from negligence of others. If legal action should, for any reason, be taken against these agents, on behalf of myself, and the agents not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs they may incur to defend itself against such action.

Signature of Volunteer or Legal Guardian

Print Name of Volunteer or Legal Guardian