



Leader In Training 2017

Application Form

Please print clearly

LIT's Name: _____

LIT Cell Phone: () _____ - _____ LIT Email: _____ LIT Facebook: [] Yes [] No

Gender: [] Male [] Female Birthday (DD/MM/YY): _____ Age (as of June 1): _____

T-Shirt Size (please check one) [] Small [] Medium [] Large [] X-Large

Address: _____ Town/City: _____

Province: _____ Postal Code: _____

Home #: () _____ - _____ Cell #: () _____ - _____ Alternate #: () _____ - _____

Email Address: _____

Church (if any): _____

Guardians' Name: _____

Parent/Guardian Signature

Date

CHECKMARK YOUR CHOICE(S)	
All prices include GST	
<input type="checkbox"/> Spring Break Session March 19-24	\$45.00
<input type="checkbox"/> Spring Mini Camp Session May 5-7	\$25.00
<input type="checkbox"/> Summer Session #1 July 10-14 July 16-21	\$95.00
<input type="checkbox"/> Summer Session #2 July 23-28 July 30-August 4	\$95.00
<input type="checkbox"/> Summer Session #3 August 9-13 August 15-22	\$95.00
<input type="checkbox"/> Fall Mini Camp Session October 27-29	\$25.00

I am applying as a (please check one)

Jr. LIT- First Year LIT

Sr. LIT- Second Year LIT

NOTE: Each applicant can apply for only ONE Summer Session.

Total Amount Due: _____

A cheque for the balance is enclosed

Please make all cheques payable to:
Maple Springs Bible Camp
5247 Inga Street, Peachland, BC V0H 1X8

I have considered the matter prayerfully, and I am willing to be subject to the jurisdiction of MSBC while I am a Leader in Training, including days between camps. I understand that my services are voluntary and I choose to cooperate fully and to maximize every opportunity for personal spiritual growth. I understand that applicants are selected on the basis of attitude, character, and leadership potential. I understand that anyone demonstrating a poor attitude or a poor quality of service is subject to dismissal. I will abstain from involvement in sexual expression, exclusive relationships, gambling, and the use of non-medical drugs, alcohol, tobacco, and occult activity during my time at camp.

Signature of Applicant

Date

MEDICAL INFORMATION

Full Name: _____

Medical Health Number: _____ All required immunizations current? []Yes []No

Doctors Name: _____ Phone: () _____ - _____

Alternate Contact (NOT the child's guardian): _____

Relation to child: _____

Phone: () _____ - _____ Alternate Phone: () _____ - _____

<p>Current Medications: _____</p> <ul style="list-style-type: none">• All medications must come to camp in the form of a bubble pack from a Pharmacist, clearly labeled with name and dosage• Please provide your own medications• All medication, including Aspirin must be turned over to the first-aider• Every reasonable effort will be made to contact parents/ guardians if camper requires medical attention
--

1. Allergies: _____

Asthma/Diabetes: If camper has asthma and/or diabetes, please provide details on a separate sheet of paper

2. Special Dietary Needs: _____

3. Are there any activities (including swimming) in which the camper cannot participate, do to health or disability?

[]Yes []No

If yes, please specify: _____

4. Is there any reason the camper may require extra supervision at any time?

[]Yes []No

If yes, please specify: _____

MAPLE SPRINGS BIBLE CAMP & ONE HOPE MINISTRIES OF CANADA Informed Consent & Assumption of Risk Agreement

WARNING: By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

1. This is a binding legal agreement; therefore clarify any questions or concerns before signing. As a Participant in camps, events, programs, and activities organized, operated or conducted by Maple Springs Bible Camp and One Hope Ministries of Canada (collectively the "Events"), the undersigned, being the Participant and the Parent/Guardian of the Participant (collectively the "Parties") acknowledge and agree to the following terms:

DISCLAIMER

2. Maple Springs Bible Camp and One Hope Ministries of Canada and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income, or loss of any kind suffered by a Participant during, or as a result of, participating with the Organization and/or in any Events, caused by the risks, dangers and hazards associated with the Organization and/or the Events.

DESCRIPTION OF RISKS

3. The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant's participation in with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers, and hazards include, but are not limited to, injuries from participating in or with the following activities or equipment: Archery, Flag/Touch Football, Swimming (Pool), Arts and Crafts, Performing Arts, Canoeing, Hiking, Slip and Slide, Field games.

4. The risks, dangers, and hazards also include, but are not limited to, injuries from:

- a) Failing to comply with the rules established for participation
- b) Bad weather conditions including hypothermia, sunstroke, or dehydration
- c) Vigorous physical exertion, rapid movements, and quick turns and stop
- d) Failing to remain within designated areas and supervised activities

Furthermore, the Parties are aware:

- a) That the Participant's risk of injury is reduced if he or she follows all rules established for participation; and
- b) That the Participant's risk of injury increases as he or she becomes fatigued.

RELEASE OF LIABILITY

5. In consideration of the Organization allowing the Participant to participate, the Parties agree:

- a) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from participating with the Organization and/or in the Events; and
- b) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation with the Organization and/or in the Events, or from the physical risks associated with same.

ACKNOWLEDGEMENT

6. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

Printed Name of Participant

Signature of Participant

Date of Birth

Printed Name of Guardian (if under 18)

Signature of Guardian

Date

Parent/Guardian Permission Form (for applicants UNDER the age of 18)

Please read prior to applying

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Maple Springs Bible Camp and One Hope Ministries of Canada. All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

I agree to allow photographs or video of camp activities, which may include my child, to be used in camp promotional material including without limitation brochures, CDs, DVDs, the camp website and newsletters.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD(REN) to participate in the camp, I am voluntarily agreeing to abide to these terms. I confirm that the participant [my child] is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

Child's Name

Signature of Guardian

Date

This portion of the application form is to be filled out by the applicant. Please answer each question fully. All your answers will be kept confidential and only seen by the director and necessary full time staff.

1. Why do you want to be an LIT at MSBC this year?

2. How will you contribute to the LIT program and to Maple Springs?

3. Do you have any health concerns? (asthma, eating disorder, emotional problems, etc.)

4. If you are a Christian, please briefly share your spiritual journey and what that means to you.

5. What has God been doing in your life over the past year?

6. Outline your current involvement in the local church.

7. Please explain any use (or involvement in) occult activity, inappropriate sexual behavior, tobacco, alcohol, self-harm or non-prescription drugs during the past year. Explain your present belief or attitude regarding each of these items.

ONLY SENIOR LIT APPLICANTS NEED TO ANSWER THE FOLLOWING TWO QUESTIONS.

8. How do you think you did during your last session of LIT? What went well and what could you improve on?

9. What does being a leader mean to you?

References

Please provide us with two (2) non-related adults (a **Pastor** or a **Teacher**, and a **Non-Related Adult**) who can accurately assess your character, abilities, and spiritual growth. Please note: no full time staff of Maple Springs is able to give you a reference, and all references must be over the age of 19. If you are unable to find a pastor or a teacher, then provide the information of a different non related adult. We will be contacting these references via phone or email.

****NOTE-** Please ask prospective references if they are willing to be contacted by MSBC before you write them down as your reference.

Pastor/Teacher Reference: _____ Phone # () _____ - _____

Email: _____ Church/School: _____

Non-Related Adult Reference: _____ Phone # () _____ - _____

Email: _____ Relation: _____

I give permission for Maple Springs Bible Camp to contact references for applicable information.

Signature of Applicant

Signature of Guardian if under 18

Date