

# REGISTRATION INFORMATION

Youth Mission Camp 2017 is open to all youth who are members of PAWI and other full Gospel churches.

Registration fee is US \$100.00 (Non-refundable). This includes: one (1) t-shirt, course materials and transport to and from airport.

Missions Camp Fee is US \$250.00. This include accommodation and meals.

- **Total cost for the camp US\$350.00 (Airfare not included).**

## Final Registration Date: July 5, 2017

*If you are concerned that this fee will prevent you from attending the event, please contact Minister Karenmay Johnson (868 374-4772) or Rev. Brian Selkridge (868-795-6989) in Trinidad or the Missions Director in your respective District.*

- Please deliver payment and registration forms to: PAWIWMA, WIST, Maracas Valley, Trinidad.
- Once your registration form is received, you will receive a confirmation letter with information on items to bring and camp rules.
- Youth Missions Camp begins on Saturday, 5<sup>th</sup> August and concludes, 16<sup>th</sup> August 2017.
- Guyanese parents must make arrangements to bring their youth at the prescribed time and arrange for reasonable time for pick up at the end of camp day. Arrangements will be made for overseas campers.
- **One (1) passport size photo of the registrant along with a copy of the bio-data page of their parent's passport must be submitted with the application.**

## EXPECTATIONS FOR ALL PARTICIPANTS AT YOUTH MISSION CAMP

- **It is expected that all campers are saved youth members of the local church.**
- Participants will participate fully in all activities at Youth Missions Camp.
- It is recommended that you NOT bring expensive electronic devices or jewellery to the camp. The doors of dorm rooms may not be locked and security of these items cannot be guaranteed. If you do have any listening/communication device, they should not be used except for taking notes during sessions.
- Cell phones must not be used during sessions. These may only be used during free time.
- The Camp site will have a cell phone available for emergencies.
- Lights out will be conscientiously observed by all.
- It is expected that all participants adhere to the camp rules and regulations at all times.



# Permission, Medical and Registration Form

THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS. FOR THOSE UNDER 18, A PARENT/GUARDIAN SIGNATURE IS REQUIRED.

**Please note it is expected that all of our campers come to the camp saved and show signs of spiritual growth.**

Name of participant: \_\_\_\_\_

[ ] Youth 12 - 18 [ ] Adult 18 and older\*\*

**(\*\*Persons 18 and older will be accepted based on consideration and conditions of the Camp Directors)**

Date of Birth \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

District \_\_\_\_\_

Name of Church \_\_\_\_\_

Name of Pastor \_\_\_\_\_

Date of conversion \_\_\_\_\_

Special talent(s) or gift(s) \_\_\_\_\_

## MEDICAL INFORMATION

Allergies/Disabilities/Special Medical Conditions, Food Needs, or other concerns of which Camp Leader should be aware: \_\_\_\_\_

Medications: \_\_\_\_\_

I give permission to be treated if I am unable to answer: *(please sign)* \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ (relationship): \_\_\_\_\_

Daytime phone: (\_\_\_\_\_) \_\_\_\_\_ Night time phone: (\_\_\_\_\_) \_\_\_\_\_

Other phone: (\_\_\_\_\_) \_\_\_\_\_

# Permission, Medical and Registration Form continued

Secondary Contact Person: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Night time phone: (\_\_\_\_) \_\_\_\_\_

Other phone: (\_\_\_\_) \_\_\_\_\_

## Parents/guardians of youth participants must complete this section:

• (Name of Youth) \_\_\_\_\_

has my permission to participate in Youth Mission Camp 2017 at Lusignan East Coast Demarera, Guyana from the 5<sup>th</sup> to 16<sup>th</sup> August 2017.

• I have read and understand the stated expectations for Youth Mission Camp 2017 and will support the Camp leaders in the administration of this camp's expectations.

• In the event I cannot be reached at the numbers above, I give permission to have the above participant treated at an appropriate medical facility as deemed necessary.

Print full name:

\_\_\_\_\_

\_\_\_\_\_  
*(Signature of parent/guardian)*

\_\_\_\_\_  
*(Date)*

Pastor's name (Print):

\_\_\_\_\_

\_\_\_\_\_  
*Pastor's signature*

\_\_\_\_\_  
*(Date)*

**If a Parent/Church or District have more than one candidate please photo copy the Permission, Medical and Registration Form. Each Camper must fill out an individual form.**



# PARENTAL CONSENT FORM

Consent for Treatment:

In the event of an emergency in which my child is rendered unconscious and I cannot be contacted, I hereby agree to such treatment, anaesthetics and operations to be performed upon my child as deemed necessary in the opinion of the attending physician(s).

Name of Parent or Guardian: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_