

# CAMP CONSTITUTION

These pages may be duplicated, as needed to furnish applications for family and friends, or give to prospective staffers or sponsors.

## STAFFER SIGN-UP

(ONE STAFFER PER APP)

RINDGE, NEW HAMPSHIRE

JULY 9 – JULY 15, 2011

### Please Print:

Staffer Name \_\_\_\_\_

Birth Date: (Month, Date, Year) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

I'd like to host cabin with \_\_\_\_\_

Or, No Cabin duty, please! Cell Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_

**My Special interests, abilities:** Art Basketball Chess Children's Activities  
Editing/Proofing Hiking Historical Trivia Juggling Lifeguard **Music:**  
**voice / instrument** \_\_\_\_\_ Nature & Field Activity Outdoor Sports  
Ping-pong Skits Song Leader Swimming // Other: \_\_\_\_\_

### If accompanied by *non-staffer*, please add:

**Second Name** \_\_\_\_\_

Birth Date: (Month, Date, Year) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Work# \_\_\_\_\_ Home/Cell# \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

Send forms (with  
payment) to :

**Mr. Charles Everett, Camp Constitution**  
**6420 A1 Rea Rd. Suite 233, Charlotte, NC 28277**

**InterVarsity at Toah Nipi Individual Grown-up Participant Release**

Rev. H 8/16/2002

Summer Camp

CAMP CONSTITUTION

July 9-15, 2011

Event

Guest Group

Dates

1. In consideration for being accepted and allowed to participate in this conference/project/EVENT and activities associated with its program and location, I personally assume responsibility for my actions, AGREE TO ABIDE BY THE RULES OF THIS FACILITY & EVENT, and release the above Guest Group and InterVarsity Christian Fellowship/USA® (hereafter InterVarsity), their Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse the Guest Group and InterVarsity, their Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.

2. I give permission to the Guest Group and InterVarsity to be photographed, recorded, and/or video taped and to allow this material to be used for publicity.

3. I give permission to the Guest Group and InterVarsity to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge the Guest Group and InterVarsity, their trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.

4. I understand that InterVarsity has a hostage policy that states that InterVarsity should not yield to demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.

5. Any claim or dispute arising from or related to this release shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at www.HisPeace.org). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. I understand that these methods shall be the sole remedy for any controversy or claim arising out of this release and expressly waive my right to file a lawsuit in any civil court against InterVarsity for such disputes, except to enforce an arbitration decision.

6. I certify that I am competent to sign this Release, and have done so voluntarily.

Signature of Participant

Print Name of Participant

Date

Signed

Emergency Contact (print name)

Relationship (parent, etc.)

Phone

College or Health Insurance Company name, policy holder and policy number of policy covering Participant

Allergies or medical conditions staff should be aware of to avoid problems and to assure proper emergency action. None [ ]

List medical conditions

Names of any medications being taken or have been taken in past month, None [ ]

List medications

Food restrictions that staff should be aware of to avoid problems. None [ ]

List foods

Note: This form was customized for Adult Staffers and Guests at Camp Constitution for 2010 session running from July 10 – July 16, 2010

**Send forms**

**Mr. Charles Everett, Camp Constitution**

**(with payment) to : 6420 A1 Rea Rd. Suite 233, Charlotte, NC 28277**