

Chaperone Application



**April 8-10
2016**

5th - 7th grade

Registration fee:
\$120

Deadline for application and acceptance is Friday April 1st, 2016

Chaperone Name: _____ Gender: _____

Birthday _____ Current Age: _____ Current Grade _____

Complete Mailing Address: _____

City _____ State _____ Zip _____

T-shirt size (please circle one)

| | | | | | | |
|----------------|-------------------|------------------|---------|---------|---------|----------|
| Small (6-8) | Medium (10-12) | Large (14-16) | Adult S | Adult M | Adult L | Adult XL |
|----------------|-------------------|------------------|---------|---------|---------|----------|

Ministry Involvement: _____

Home Phone: _____ Cell phone: _____

Email: _____

Are you a Christian? _____ When did you receive Christ? _____ Are you attending church regularly? _____ Do you have a regular devotional and prayer life? _____ Are you baptized in the Holy Spirit? _____ Would others agree that you display a Christ-like character? _____ Can you be flexible without getting flustered? _____

List gifts, callings, training, education or other factors that have prepared you for Children's Ministry: _____

Have you completed a background check with your home church to work with children?

If YES, when was it completed? _____

If NO, you will need to have one completed and on file with your home church before you are able to participate as a chaperone at Adventure camp. Date completed _____

Applicant's Statement

I am willing to abide by all camp rules, be given any assignment, be placed in any dorm, and if need be, go beyond the duties of my specific area. As a chaperone, I will submit myself to the Camp Director and prayerfully discharge my assigned duties. I realized this camp is for the children.

Applicant Signature: _____ Date: _____

(Also complete Code of Conduct, participation waiver and indemnity agreement)

Chaperone Application

CODE OF CONDUCT

As a follower of the Lord Jesus, our conduct should be a witness to others of a transformed life. Paul wrote to Titus, *“And show your own self in all respects to be a pattern and a model of good deeds and works, teaching what is unadulterated, showing gravity [having the strictest regard for truth and purity of motive], with dignity and seriousness. And let your instruction be sound and fit and wise and wholesome, vigorous and irrefutable and above censure, so that the opponent may be put to shame, finding nothing discrediting or evil to say about us”*. (Titus 2:7-8, Amplified Bible, emphasis added)

Recognizing Jesus as the author and finisher of my faith, and the Word of God as the supreme standard for all wisdom and knowledge, it is my aim to exemplify Christ-like character in all that I say and do. I will refrain from anything (e.g., alcohol, tobacco, drugs, pornography, profanity) that may distract from my Christian testimony.

I will endeavor to bring glory and honor to the name of Jesus through my ministry and allow the love of the Spirit to flow through me.

I realize that I have been crucified with Christ and that my life belongs to Him. It is my desire to develop myself as a servant and to seek opportunities to serve, realizing that love exalts and prefers others to self.

As a camper at “iRock Adventure Camp”, I take the potential of becoming a leader as a personal call on my life. It is my aim to recognize my gifts and spend time discovering how God has created me.

I will submit myself to the established leadership of iRock Adventures and those leaders that have been given authority to act on behalf of iRock Adventures. I realize that my participation as a camper is a privilege and a call from God, not a right. I purpose to give my best and to positively support the ministry of iRock Adventures.

Signature

Date

Chaperone Application

CEDAR RIDGE ADVENTURES CHALLENGE COURSE AND ADVENTURE PROGRAMS - RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the Cedar Ridge Adventures Challenge Course Program (hereinafter referred to as "program") and activities of the Adventures Department of Cedar Ridge Children's Home and School Inc (hereinafter referred to as "CRA") the undersigned is aware that the program involves a variety of activities including warm-ups, group initiatives, low and high challenge course elements, and other potentially rigorous physical adventure activities and is aware of the physical and emotion-al risks inherent in the participation in such activities and in the use of CRA equipment and facilities.

Furthermore the undersigned has been advised of the voluntary nature of the program and is aware that they may decline to participate in the program, or in any part of the program, if they so choose. In further consideration of being permitted to enter CRA property for any purpose including, but not limited to, observation or use of facilities or equipment or participation in any off-site program affiliated with CRA, each of the undersigned hereby agrees to the following:

1. To release, waive, discharge, and hold harmless CRA, its directors, employees, representatives, affiliates, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin from any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or facilities or equipment therein or participating in any program affiliated with CRA.
2. To indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon, or about the CRA premises or in any way observing or using any facilities or equipment of CRA or participating in any program affiliated with CRA whether caused by the negligence of the releasees or otherwise.
3. To assume full responsibility for any risk of bodily injury, death, or property damage due to negligence of releasees or otherwise while in, upon, or about the premises of CRA and/or while using the premises or facilities or equipment therein or participating in any program affiliated with CRA.
4. To approve and release to CRA the use for any purpose of any photographic or video recorded image of the participant listed below.
5. To give permission for transportation to any medical facility or hospital, and to authorize any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is unconditional and is intended to be as broad and inclusive as is permitted by the law of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned as participant and/or parent or guardian of the named participant, have read and voluntarily sign this release and waiver of liability and indemnity agreement with the intent of affirming and making effective all representations made herein. I further attest that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

PARTICIPANT (print name)

PARTICIPANT SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW FOR ANY PARTICIPANT UNDER 18 YEARS OF AGE

PARENT OR GUARDIAN (print name)

PARENT OR GUARDIAN SIGNATURE

DATE

Chaperone Application

Disclosure:

Cedar Ridge Adventures involve a variety of activities that often include warm-ups, games, group initiative problems, high and low challenge ropes course elements and other rigorous physical adventure activities. (The level of participation in a Cedar Ridge Adventure activity is at all times completely up to the individual's choice). Yet there is a risk, which must be assumed by each participant, that he/she may suffer an emotional or physical injury of disability.

Cedar Ridge Adventures' policy for participation in all activities requires that the participant's health and accident insurance provide the primary coverage for participants. CRA reserves the right to refuse services to those persons not covered by health and accident insurance.

Certain health/medical information must be made known to the Facilitator/s conducting the programs so that they are prepared to respond appropriately if the need arises.

Please complete this form and return to CRA prior to participating on the course. *PLEASE PRINT!*

Name: _____ Age: _____ Phone: (____) ____ - ____

Address: _____

City: _____ State: _____ ZIP: _____

Health/Accident Insurance Co. : _____ Policy # _____

1. Do you have any limiting physical disabilities, handicaps, or chronic back and/or joint conditions (temporary or permanent)? Yes No If yes, please explain:

2. Are you currently taking medication? Yes No If so, list the type of medication, for what condition it is prescribed, and recommended dosage. The participant must bring adequate amount of medication in waterproof, non-breakable containers.

3. Have you had or do you have asthma, diabetes, thyroid trouble, bleeding problems, epilepsy, or any type of arthritis? Yes No If so, please provide details and present condition:

4. Allergies:
 Yes No - Medications, (ex. penicillin, aspirin, sulfa, etc.)
 Yes No - Insect bites, (ex. bees, wasps, spiders, etc.)
 Yes No - Foods, (ex. milk, seafood, etc.)
 Yes No Other substances (ex. dust, ragweed, poison ivy, hard work, etc.)
If yes, please give details, date of last reaction, and any treatment given: _____
5. Do you have any special dietary restrictions? Yes No If so please give details:

I have read the enclosed information and understand the physical and stressful nature of Cedar Ridge Adventures. I have noted any medical or physical conditions which might affect my ability to participate in any activity. As a participant, I will at all times wear any required equipment, and follow the directions of the CRA Facilitators and Instructors.

Permission is granted by those signed below for any emergency medical care, anesthesia and/or operation which might become necessary.

Permission is also granted to Cedar Ridge Adventures and iRock Ministries to use audio and/or visual recordings for promotional purposes.

Applicant Signature: _____ Date ____/____/____

Parent / Guardian Signature: _____ Date ____/____/____

Emergency Contact Phone No. _____

If applicant is under the age of 18, challenge course participation will not be allowed without signature of parent/guardian. This policy is strictly enforced. No Signature = No participation!