



Trek..... building faith for life 2010

2010 Trek Registration Checklist

(Please submit Checklist on top of Registration Papers & Payment for smooth processing, Thanks!)

Name _____

Camper/Youth/Camper Kid

___ Camper/Youth Form

___ Youth Release Form

___ Medical Information & Copy of Medical Card

___ Camper Code of Conduct

___ Payment (See Fee Schedule)

___ (Scholarship Application, if applicable)

___ (Counselor-In-Training Application, if applicable)



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Trek 2010 Camper/Youth Form

LastName,FirstName:

Last Name
First Name
Address
City
State
Home Phone
Cell Phone
Your Email
Current Grade
Gender
Birthdate
Parents Name
Parents Email
Going High School Week as ___ Camper ___ Camper Kid ___ Not Attending
Going Middle School Week ___ Camper ___ Camper Kid ___ Not Attending
Transportation to Island ___ OBF Group ___ Mansfield Group ___ Other (see next line)
Other Transportation: Arrival Date, Time and who is bringing you
Transportation from Island ___ OBF Group ___ Mansfield Group ___ Other (see next line)
Other Transportation: Departure Date, Time and who is taking you
T Shirt Size ___ XS ___ Small ___ Medium ___ Large ___ XL ___ 2XL
Other Information
Past Trek Experience
If first time camper – Did anyone invite you, how did you learn about Trek (answer on next line)

+++++Office Use+++++

Forms	
Payment	
Medical Card	
Reviewed	



Youth Release Form

Tennessee Trek
2010

This release is covenanting and acknowledging that I am the legal guardian of _____ (hereinafter referred to as my child). I give permission for my child to join Oxford Bible Fellowship Church (hereinafter referred to as sponsor) as they go on the Tennessee Trek taking place at Dale Hollow Lake in Tennessee from June 12-19, 2010 for High School week and / or from June 20-26 for Middle school week.

Parent/Guardian initials _____

I understand that there are risks of injury in a camping trip, outing, and transportation to/from the event inherent in the activities including but not limited to swimming, boating, hiking, cooking, etc.

Parent/Guardian initials _____

I also understand that the fee for Trek is to be provided myself or my child prior to the trip. In addition to Trek fee, I realize that I need to provide money for my child for both a meal on the way to Dale Hollow Lake and a meal on the way back home.

Parent/Guardian initials _____

In consideration of the sponsors permitting my child to participate in the camping trip and outing, I do hereby release and discharge the sponsors, their employees, principals, agents, insurers, successors, and assigns, for and from any and all liability, claims, demand, controversies, in the Tennessee Trek, including, but not limited to transportation to and from Dale Hollow Lake, Tennessee and all activities supervised and /or sponsored by Oxford Bible Fellowship for the duration of said camping trip.

Parent/Guardian initials _____

In the event of an emergency, I hereby authorize an adult leader of these activities, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. In the event of the need for emergency medical treatment, I expect to be contacted as soon as possible.

Parent/Guardian initials _____

Youth's Full Name _____

Parent/Legal Guardian's name (Printed) _____

Parent/Legal Guardian's Signature _____ Date _____



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Trek 2010 Medical Information

LastName,FirstName:

Print last name _____ First _____

Primary Emergency Contact Name _____

Phone Number(s) _____

Secondary Emergency Contact Name _____

Phone Number(s) _____

Existing Medical Conditions _____

Allergies / Reactions & Severity / Is an Epi-Pen prescribed? _____

Current Medications, Dose, Frequency & Purpose *Give Camper medications to Nurse in labeled bag

Medical History (check all that apply & explain briefly at right)

Heart/Circulatory Problems (i.e. high blood pressure) _____

Respiratory Problems (i.e. asthma) _____

Gastrointestinal Problems (i.e. ulcers) _____

Urinary Tract Problems _____

Nervous System Problems (i.e. epilepsy) _____

Mental/Behavioral/Delays/Disorder (i.e. ADD) _____

Endocrine Disorders (i.e. Diabetes) _____

Sensory Disorders (i.e. hearing/sight impairment) _____

Skin Disorders (i.e. eczema) _____

Other Physical Handicaps / Limitations or Relevant Medical Information _____

Date of Last Tetanus Shot _____

Medical Insurance Company _____

Policy Number _____

Member's Full Name _____

Attach copy of the front and back of the Medical Card

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____ Medical Reviewed _____ Card Copy Provided



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TREK CAMPER CODE OF CONDUCT

REPECT OF PROPERTY AND PEOPLE

Campers can be expected to be treated respectfully and likewise need to respect other people and property on the island. Trek uses rented, borrowed, and purchased equipment. Trek property should be handled carefully. Do not disturb another person's campsite or belongings. Counselors' Tents are out of bounds. I WILL TREAT PEOPLE AT TREK AND TREK PROPERTY WITH RESPECT.

Camper initials: _____

SAFETY

Safety is important at Trek due to a variety of components including weather, water/boating activities, campfires, meal preparation, etc. Trained Trek Staff or counselors will guide campers in safety as they participate in each activity. I WILL FOLLOW THE SAFETY RULES OF TREK.

Camper initials: _____

COOPERATION

Trek provides purpose-driven programming and generates many tasks for working together as a team. Between daily activities, campers rotate jobs with the direction/support of Staff and Counselors. When all contribute willingly to Trek programs and operations, it builds unity and serves others.

I WILL PARTICIPATE IN TREK ACTIVITIES AND COOPERATE ON ASSIGNED DUTIES.

Camper initials: _____

DRESS

Campers must dress modestly to not offend or distract others. Graphics on clothing should not be offensive. Clothes should fit well to cover appropriate areas of the body without underwear showing. For example, girls should wear modest necklines, modest one-piece swim suits, no short shorts and have no midriff showing. Guys should not drop their pants so as to expose too much. I WILL DRESS MODESTLY DURING TREK.

Camper initials: _____

RELATIONSHIPS

GUY/GIRL: While healthy friendships are encouraged, Trek is not the place to pair off. The purpose of Trek is to grow closer to God, not to be distracted by a crush. If girls are "red" and guys are "blue" there is to be no purple! In other words, lap sitting, hand holding, etc. are inappropriate. Girls are not allowed in guys' tents whatsoever and vice versa. Group settings without physical contact are where healthy relationships grow. Generally, when someone is highly focused on the opposite gender, they are leaving out other campers who could use their friendship. I WILL MAINTAIN HEALTHY BOUNDARIES AND RELATE APPROPRIATELY TO THE OPPOSITE GENDER.

Camper initials: _____

OTHER CAMPERS

Trek is a blend of both old and new friends. In keeping with Trek's purpose, it is important to include others and not exclude others in small cliques. I WILL CONSIDER OTHERS BY INCLUDING THEM AND ENCOURAGING THEM.

Camper initials: _____

AGREEMENT

I agree to abide by the Camper Code of Conduct. Camper Signature: _____

I have read the Camper Code of Conduct. Parent Signature: _____

Date: _____



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2010 Trek Fee Schedule

Name _____ Date _____

Make Checks Payable to Oxford Bible Fellowship. Write "Trek on line item"

\$60 Registration Fee due with Application

Individual Camper @ \$250/camper \$ _____

Family Camper Discount (must have more than one camper from the same family)

Each Camper @ \$225/camper \$ _____

1st Time Camper

Each 1st Time Camper @ \$150 \$ _____

Counselors, Adult Staff, Counselors-In-Training

Each Person @ \$60/week \$ _____

Camper Kids (Age 3 years - 4th grade)

Each Camper Kid @ \$60/week \$ _____

Late fee of \$50 if full payment not received prior to 5/31/2010

TOTAL TREK FEES DUE \$ _____

Amt Paid with Application (minimum \$60 required)

(Check # _____) \$ _____

Balance Due (Full payment due by 5/31/2010) \$ _____

Please indicate here if you are applying for a scholarship: _____

Please check here and give us email if you wish to pay by credit card: _____

Email: _____

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___ Correct Calculations ___ Payment Plan Amount Due / Date _____ / _____

___ Payment Received ___ \$60 ___ Part ___ Full Amount Due / Date _____ / _____

___ Balance Outstanding \$ _____ Amount Due / Date _____ / _____



Counselor in Training Application Trek 2010

- Trek is about youth meeting Christ and growing in their Christian experience.
- Part of that growth is learning to teach and guide others along faith's path.
- A Counselor in Training is an older high school student who demonstrates a genuine desire to please the Lord in their life and would like the opportunity to encourage others to do as well.
- A CIT might serve as an assistant small group Bible Study leader under the direction of assigned Adult Counselor for the Middle School Week.
- A CIT realizes this position of service –drawing others out, making campers to depend upon God in their life.
- There are only a limited number of CIT positions available.

If you would like to be considered for a CIT position, complete and turn in this application to the OBF Youth Director. You will be contacted for face-to-face or phone interview. If you are accepted, there will be a minimum training requirement that you must complete.

Name _____ Phone Number _____
Current School Grade _____

Number of years attending Trek _____ Have you been a CIT before? _____

Discuss several reasons you believe that being a CIT would Benefit YOU: _____

Discuss several reasons you believe that being a CIT would benefit OTHERS: _____

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