

2015
Christian Youth Leadership Seminar
Registration Packet



Dates: July 27- August 1, 2015
At Ceta Glen Camp & Retreat Center

Cost: \$375 If to Area Office by June 24
(Late Registration \$400 after June 24)

Dear CYLS 2015 Participant,

We hope that you are excited about Christian Youth Leadership Seminar 2015! CYLS this year will be July 27th August 1st at beautiful Ceta Glen camp outside of Amarillo. Our theme for this seminar is Roots to Fruits, what we are rooted in as disciples, how we grow and how we bear fruit. We hope that you are making plans to join us and that this will be a fruitful time for you and your area council.

Registration forms and payment are due to your Area Office by June 24th. The fee if form and payment is received on or before June 24 is \$375; the fee if the form and payment is received after June 24 is \$400. We cannot guarantee t-shirts for late registrations. This year's camp director is Rev. Bill Jeffreys, along with this year's convener Rev. Arthur Stewart and co-director Tina Tucker. Youth Participants only need to fill out Form Pages 1-6. All Adult Participants must also fill out page 7, as well as sending in the three filled out reference forms.

We ask that you arrive between 3-4pm on Monday, July 27th and camp will end at 10am on Saturday, August 1st

Please be mindful that because of the terrain, GPS or mapping devices do not correlate to the actual location of the camp. The address for Ceta Glen Camp and Retreat Center is 37201 FM 1721, Happy, TX 79042. Phone number is (806) 488-2268. Here is how to find Ceta Glen: From 1-27 take exit 94, it turns into FM 285. Go 8 miles, left at church camp sign on FM 1721. Come 2 more miles and take a left into Ceta Glen.

We are looking forward to seeing you!

Rev. Bill Jeffreys

Tina Tucker

Rev. Arthur Stewart

What to Bring to CYLS

- Your most cooperative, creative & pleasant self
- Your Bible
- Sleeping bag and/or bedding & pillow
- Light jacket/sweater
- Toiletries (soap, shampoo, toothbrush, etc.)
- Flashlight
- Towels
(hand + bath towels, separate for pool if desired)
- Swim suit
- Sandals & tennis shoes/closed toe shoes
- insect repellent & Sunscreen
- Bag for dirty clothes
- Money for camp store
- Water bottle
- Musical instruments
- Notebook and pen/pencil
- Enthusiasm

Do Not Bring

- Candy, food, snacks of any kind
(Areas may have some food with adults, but none in sleeping areas)
- Fireworks, firecrackers
- Alcohol or tobacco products or illegal substances
- Electronic games
- Skateboards, rollerblades
- Valuable jewelry
- Clothing with vulgar or offensive graphics or language
- "Church" clothes
- Lots of money
- An attitude that is inappropriate for a Christian camp
- Guns or weapons of any kind

Undesired items may be confiscated and campers exhibiting undesirable behavior may be sent home at the expense of the parent/guardian. The region, areas and/or campgrounds are not responsible for lost or stolen items.

Form Page 1: 2015 CYLS Registration Form

AREA: (Please circle one) BBA CEA Convencion CPA HPA NEA NTA TBA TCMF TRA

Gender: Female Male Age: Birthday____/____/____

Name_____

Address_____

City_____State_____Zip_____

Home Phone_____Cell Phone_____

Email Address_____

T-Shirt Size S M L XL 2XL 3XL 4XL (Shirt not guaranteed with late registration)

Emergency Contact_____Relationship_____

Address: _____

Home Phone # (_____)_____Work Phone (_____)_____

Cell Phone (_____)_____

Dietary Restrictions: _____

Form Page 2: Release

Camp Activities may include but are not limited to: swimming, hiking in a rugged setting, sports, water recreation, group games, jumping pillow. Ropes Course, and climbing wall activities. I do hereby assume all risk of the above and any other ordinary risk incidental to the camp setting and will hold the Region, Area, Camp and their Trustees, employees, agents, volunteers and sponsors harmless from any and all liability. I hereby grant permission to use photo of the above named , taken during activities at camp, for publicity purposes, including but not limited to, advertising materials, web sites, or social media sites.

Health: Applicant certifies that they are completely physically, mental, psychologically, and emotionally healthy, and capable of participating in all activities, except those listed and submitted to the camp along with this application. Applicant has specified in detail any reasonable accommodations necessary for any disability that they may have and has supplied equipment, medicine or medical supplies they may need.

Ceta Glen and/or Ceta Canyon is hereinafter referred to as "Camp" and requires a signature for all attendees of the camp and all participants of any Camp activity including, but not limited to Ropes Challenge Course, waterfront activity and watercraft (canoes and kayaks), swimming pool, hiking, bicycles, basketball, football, baseball, softball, volleyball, disc golf, camp fires and any and all other camp and recreational sports and activities.

Attendance and Activities at the Camp may include warm-ups, games, group initiative problems; high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to the animals, snakes and insects.

Camp takes all reasonable precautions to ensure our guests a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend Camp and the decision to participate in any Camp activity at any level is at all times completely up to the camper and, if there is attendance at the Camp and participation at any level of Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at Camp and participation in any Camp activity may be physically and emotionally demanding, I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of injury, physical and/or emotional, and any financial responsibility that could result from the attending Camp and participating in any Camp activity.

I agree to assume such risk and responsibility. I, on my behalf and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Camp from any and all claims, physical and emotional, including bodily injury and/or death, that I may sustain in connection while attending Camp and with my participation in any /or all Camp activities."

Form Page 3: (Release Continued)

If you feel there are any activities in which you or your child should not be involved, please attach a detailed description of the activities, including the name of the participant, the dates of attendance and the group he/she will be attending camp with.

Furthermore this forms gives permission for your camper's voice, picture, image/likeness or video to be used for camp promotional purposes including but not limited to web sites, flyers, slide shows, and/or video clips which inform people of the services and activities of Camp.

"I understand the directors of Camp reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operations of Camp, as determined by the discretion of the directors."

"I have read (or had read to me) this document in its entirety and I understand the information contained herein, I have freely and voluntarily signed this document."

"I hereby attest that all information listed on the Forms is complete and accurate to the best of my knowledge and that my child or I is/am in acceptable health, physical ability and emotional state to fully participate in camp and all associated activities. I also agree that my child/ I will abide by the General Camp Guidelines as outline in this document and understand that my child or I may be dismissed from camp and sent home at my expense if he/she/I does not adhere to the established regulations."

The signature provided confirms Agreement to Attend, Participate, Assumption of Risk and Release Form in order to attend Camp and participate in any Camp activity for myself/ my child I have custody/ guardianship for whom I am able to sign.

Participant Name (please print) _____

Participant Signature _____ Date: _____

(if participant is a youth)

Parent/ Guardian's Name (please print) _____

Parent/ Guardian's Signature _____ Date _____

Form Page 4: CCSW Participant Covenant-C.Y.L.S.

In the spirit of forming a positive Christian community while at this event, I agree to the following:

- **I agree to abide by the rules of the event as they are posted, announced or given to me. I recognize that rules are designed for the good of the whole community as well as my safety.**
- **I agree to participate in all group activities as they are scheduled and to be present for the entire activity. I understand that my participation is essential to the positive experience of the whole group.**
- **I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact with others, and how I talk about others when they are not present. I agree to not bully any one in any form.**
- **I agree to respect the authority of the adults and leadership teams who have been entrusted with making this event a safe and positive atmosphere and to respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.**
- **I agree to treat the property and facilities with respect, recognizing that if damage should occur because of my negligence, I am financially responsible.**
- **I agree to arrive at the event on time and remain at the event until the event has concluded.**
- **I agree to refrain from the following:**
 - Possession and/or use of alcohol, illegal drugs, tobacco products, unreported prescription drugs, firearms, weapons, fireworks, and explosive devices.
 - Sneaking out of the dorms after lights out or leaving the event facility at any time without explicit permission of the event director.
 - Sexual activity, abuse, or harassment of any kind (including intercourse, exposure, inappropriate touching and/or inappropriate sexual language)
 - Willful or thoughtless destruction or abuse of property
 - Wearing inappropriate clothing
 - Using language not appropriate to a church event.

I understand that any violation of this covenant will bring the following specific consequences:

- **Immediate expulsion from the event at the expense of the participant's family.**
- **If the violation involves possession of a weapon and/or illegal substances, local law enforcement will be summoned; the directors of the camp/event have the right to search my belongings if they have reasonable suspicion of either possession of a weapon and/or illegal substances.**
- **The minister of my sponsoring church will be contacted regarding serious violations.**

Signature: _____ Date: _____

If Participant is a Youth:

Parent/ Guardian Signature: _____ Date: _____

Form Page 5: Medical Form

****This Form Must Be Filled Out to the Best of Your Knowledge** Please Be Sure and Sign this Form**

Participant Name: _____ Birth Date: _____

You must fill out each line, if it is not applicable, please put N/A. If we have to take you or your child to the emergency room, all information must be correct in order to best serve you and your child.

ALLERGIES:

☐ Medicine/Drug: _____

☐ Insect Stings: _____

☐ Food: _____

Is camper prone to: ☐ fainting ☐ headaches ☐ sleepwalking

☐ cramps ☐ skin rashes ☐ nose bleeds ☐ sore throat

☐ exhaustion ☐ earaches ☐ swimmer's ear ☐ toothaches

☐ colds ☐ constipation ☐ diarrhea ☐ upset stomach ☐ joint pains ☐ bed wetting

☐ homesickness

Are any allergies known to be potentially fatal? _____

Special Diet: (Every effort will be made to accommodate special dietary needs, but the camp grounds cannot guarantee availability of all specialty foods.) _____

Date of last tetanus shot: _____ (Mo.) _____ (Day) _____ (Year)

Are all immunizations current? _____

Activities to be encouraged: _____

Activities to be limited: _____

DISEASES, CHRONIC OR REOCCURRING ILLNESSES:

☐ Asthma _____

☐ Bleeding Disorder: _____

☐ Skin Disease: _____

☐ Diabetes: _____

☐ Epilepsy/seizures: _____

☐ Heart defect/disease: _____

☐ Stomach Ulcer/Hernia/Appendicitis: _____

☐ Recent Surgery? _____

Other Health related information– recent mental health hospitalization, crisis, etc.:

To The Best of My Knowledge (Camper's/Sponsor's Name) _____ is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.

Over the Counter Medications

"I give permission so that the above named participant may be given the following "Over the Counter" medications in age appropriate dosages as needed while at camp. Generics may be used. Medications may include but are not limited to, Ibuprofen, Tylenol, Calamine Lotion, Benadryl, Pepto-Bismol, Imodium AD, Emetrol, Triple antibiotic cream, Maalox, Cough Lozenges & Syrup or other OTC medicines as deemed necessary by camp health officer.

Custodial Parent/Guardian Signature _____ **Date** _____

Please send a copy of your insurance Identification card (Front & Back) along with registration.

Medical Insurance Company _____

Policy# _____ Group# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____

^Emergency Contacts Names, Relationships, & Numbers^

Name	Relationship	Best Number
1.		
2.		

Complete this form if prescription medications need to be administered while participants are at camp.

Name of Medication and Dosage Information:

Please fill out the Form Below

[illegible]

Form Page 7: Sponsor/ Adult Participant Information Sheet

Have you been convicted of a felony _____ Yes _____ No

If yes, please explain on a separate sheet of paper

Please list youth related experience in the local, Area and Regional church

Have you completed child abuse awareness training in the past two years? _____ Yes _____ No

If yes, when? _____

(Please include a copy of your certificate with your registration) If no, you will be required to before camp starts.

Background Checks

To ensure the safety of the camp and to follow state law may we perform a background check on you?

_____ Yes _____ No

(if no, your request to be an adult participant will be denied)

Is there anything that you would like to inform us about before we perform the background check?

_____ Yes _____ No

If yes, please explain (Use a separate page if necessary):

Sponsor Signature _____ **Date** _____

Full Legal Name: _____

Please list any former names (i.e. Maiden) _____

Social Security Number _____

Date of Birth _____

References Required for Ceta Glen

Please send the attached reference form to each reference. If you do not have three valid references, you will not be able to be a sponsor. Family members are not valid references. Mail to Christian (Disciples of Christ) Church of the Southwest

P.O. Box 1689
Fort Worth, TX 76101-1689

One of your references must be a minister in your congregation. Please fill in all information. Name _____ Phone _____

	Email	Relationship
1.		
2.		
3.		

Sponsor Reference Form

Applicant name: _____

Reference Name: _____

Reference Phone: _____ Reference Email: _____

How long have you known the applicant?

What is your relationship to the applicant?

What makes this person a good candidate to volunteer with children and youth?

Would you ever trust this person to "take care of" or "babysit" your child?

Is this person a reliable, trustworthy, and responsible individual?

On a scale of 1-7, 1 being not good and 7 being great, how good would they be at leading children and youth?

1 2 3 4 5 6 7

Is there any reason this person should not be considered for this volunteer position?

References: Three references are requested with one being the minister of your Christian Church (Disciples of Christ) sponsoring church. Family members are not authorized references.

Release: I hereby authorize the Region and those persons who receive my Registration form and/or their agents to make inquiries including a background check regarding me and all statements contained in these forms. I also authorize all persons, entities, former employers, courts, law enforcement and other public agencies to respond to inquiries concerning me, to supply verification of the information provided in this form and to comment and state opinions regarding my background and character. I hereby release all such entities and individuals from all liability and responsibility arising from their doing so. This release does not extend to financial records.

Signature: _____ Date: _____

Sponsor Reference Form

Applicant name: _____

Reference Name: _____

Reference Phone: _____ Reference Email: _____

How long have you known the applicant?

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What makes this person a good candidate to volunteer with children and youth?

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Sponsor Reference Form

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Reference Name: _____

Reference Phone: _____ Reference Email: _____

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Signature: _____ Date: _____