



Church Leader Registration Form

must be at least 18 years of age

Incomplete forms and any forms other than this form will not be accepted and will be returned. All Church Leaders Registration forms must be sent with a recommendation from the Church Pastor (space provided on page 2) and a completed background check form.

Leaders will only be accepted upon approval of background check conducted by Victory Christian Center.

Leader Information

Last Name

First Name

Home Address

City

State

Zip

Age

Birthday (mm/dd/yy)

Gender:

Male Female

Home Phone #

Cell Phone #

Work Phone #

E-Mail Address

Group Information

Church Group Name

Church Phone Number

Medical Information Please check Yes or No for each question.

Yes No

Do you have any allergies?(Food, Animals, Insects, etc)

Do you have any Medical conditions or diseases? _____

Do You Have Physical Limitations? _____

Are there any activities in which you would be unable to participate? _____

Yes No

Do you take any prescription medications?

If yes please list: _____

What is the reason for taking the above medication? _____

Are you allergic to any medications? If yes please list: _____

Is there any additional information regarding your health in which we need to be aware of? _____

Emergency Contact:

Name: _____

Day Phone: _____

Relationship: _____

Evening Phone: _____

This form must be signed. If not signed, application will be considered void.

I acknowledge that the Camp and all related activities are offered by Camp Victory and not by Victory Christian Center, Inc. ("the Church"), which is a separate legal entity from Camp Victory. I agree to release and indemnify Camp Victory and the Church and their respective officers, directors, employees, and agents from and against all liability for harm to myself or my personal property resulting directly or indirectly from my attendance at Camp and/or participation in any Camp-related activities -- even if Camp Victory or the Church is deemed negligent. In other words, I will not sue Camp victory or the Church for any reason, whatsoever. If I am injured and unable to authorize medical treatment, I authorize Camp Victory personnel to consent to any treatment they deem necessary, and I agree to release and indemnify Camp Victory against all liability and costs for treatment. I also authorize Camp Victory to use photos taken of myself for promotional and record keeping purposes.

Signature _____

Print Name _____

Date _____

