

CIT (Counselor In Training) APPLICATION

Summer Fun 2010, Vacation Bible School

\$25.00 CIT's Registration Fee

PLEASE PRINT

NAME _____ AGE _____ DOB: _____

ADDRESS _____ BOX _____ CITY _____ ZIP _____

PHONE: DAY [] _____ E-MAIL ADDRESS _____

GRADE IN SEPT. _____ BIRTHDATE _____ CIRCLE T-SHIRT SIZE - ADULT: S M L XL

PARENTS/GUARDIANS NAMES: _____

MOTHER'S PHONE (home and work): _____

FATHER'S PHONE (home and work): _____

PAST VBS EXPERIENCE? YES NO; IF YES EXPLAIN _____

IN WHAT VBS AREA ARE YOU INTERESTED IN WORKING? _____


AREAS OF TALENT, SKILLS OR SPECIAL INTEREST, [DON'T BE MODEST] _____

DO YOU ATTEND THE VILLAGE CHURCH? IF SO HOW LONG? _____

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP TO JESUS CHRIST? _____

Please read the following and sign your name below if you accept and will comply.

- **My commitment is to complete the entire 5-DAY VBS week and be punctual.** As this consistency helps younger children to bond.
- I understand that I will be working with younger children during Vacation Bible School.
- My attitude and actions will reflect good conduct and proper respect for others.
- I will follow directions and guidelines for appropriate behavior and dress.
- I will participate in the daily "Teen Lunch Bunch" Time.
- I believe in Jesus Christ as the Son of God. I trust Him with the control of, and issues in, my life. It is my desire to model His love and compassion for the children by assisting with VBS. I will be a good example to the children, give respect to others and myself. I will put the needs of the children before my own and will try to love them as Jesus loves me.

 _____
SIGNATURE OF APPLICANT DATE

SIGNATURE OF PARENT DATE

Thank you, we appreciate your commitment and interest in helping the church during this busy and fun week of VBS.

PLEASE RETURN FORM WITH \$25 CIT REGISTRATION FEE.





The Village Community Presbyterian Church

Assumption of Risk and Release Waiver

NAME OF PARTICIPANT(S): _____ AGE(S): _____

By signing this *Assumption of Risk and Release Waiver*, the individual named wishes to participate in church sponsored events described below, and recognizes that there are risks of injury or damage arising from the activities specified or from other activities (including travel) that may be associated with participation in the event.

By his/her signature below, the participating individual agrees to assume the risks and responsibilities surrounding his/her participation in the church sponsored event. In addition, the participant (including his/her heirs, assigns and personal representatives) agrees to release, hold harmless, and indemnify The Village Community Presbyterian Church from and against any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including attorneys' fees) on account of personal injury or property damage (including death) arising out of or attributable to the individual's travel to or participating in the church sponsored event.

The *Assumption of Risk and Release Waiver* applies to The Village Community Presbyterian Church and all of its trustees, officers, employees and agents.

Description of Event and Activities: Vacation Bible School 2009; Transportation to and from church.

The undersigned acknowledges that he/she has read and understands this document. This *Assumption of Risk and Release Waiver* is valid until rescinded in writing.

Executed as of this _____ day of _____, 2009

Signature: _____ Date: _____
Signature of parent or guardian (if participant is under 18 years of age).

Printed Name: _____

+Medical Release Form

CHILD'S (CHILDREN'S) NAME(S): _____

STREET ADDRESS if different than on reverse _____ BOX # _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

EMERGENCY CONTACT PERSON _____ PHONE _____

✚ Medical or Food Allergies, medication being taken, medical problems, or other pertinent information:

I /we understand that, in the event medical treatment is required, every effort will be made to contact me/us. However, if I/we cannot be reached, I/we give my permission to The Village Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my/our child's well-being.

Signed _____ Date _____

PARENT/S OR LEGAL GUARDIAN/S PLEASE PRINT NAME HERE _____