



KNYI 2009 Junior High Camp Adult Registration Form

Name: _____ Age: _____ Gender: _____
Phone #: () _____ Cell Phone #: () _____ E-Mail: _____
Address: _____
Street City/State Zip

Name of Church you came with:

T-shirt Size: S M L XL XXL

Please circle training and certification received & attach a copy of same (if applicable)
ALS WSI CPR LPN RN

Have you ever been convicted of anything other than a minor traffic violation? Yes / No
If yes, please attach an explanation to this form.

I certify that the above information is true to the best of my knowledge and that I will abide by the boundaries and expectations as set for the camp by Wheat State Camp and Kansas NYI. For my own protection and the protection of Kansas District Church of the Nazarene and its teenagers, I undersigned, give authorization to the Kansas District Nazarene Youth International to contact my Senior Pastor, look into information regarding my experiences in working with minors, and to request a police report. I understand that the personal information contained in this application will be held confidential.

Adult Signature: _____

Date: _____

Pastor's Recommendation

I recommend _____ to be a counselor for the 2009
KNYI Junior High Camp at Wheat State Campground July 27—30, 2009.

Name: _____ Church: _____

Signed: _____ Date: _____