

Staff Application
Houston Area Celebration #21
Camp Cho-Yeh, Livingston, Texas
August 4-6, 2017

*The deadline for submitting Staff Applications is **July 1, 2017**.
Please get your application in early to assist the moderator in job placement.
Please prayerfully consider being God's servant at Celebration!*

Name _____ Name you go by _____ M/F _____
Address, City, State, Zip _____ Birth date _____
E-mail Address (please print clearly) _____ T-shirt size _____
Your Home Phone _____ Your Cell Phone _____
School _____ Grade _____ HS Graduation Year _____
Your Home Church and City _____
Parents' Names _____ Parents' Home Phone _____
Parents' E-mail Address _____ Parents' Cell Phone _____
Your Participant Celebration was # _____ Previous Staff experience (Celebration # and position) _____

My preference for staff role is to serve as *Music Gopher* *Caritas Gopher/Happening (Prayer) Team*
(please check one or more boxes): *Family Leader* *Family Gopher*
 Whatever role the Moderator feels I am called to serve

I'm willing to give a talk: Yes No Talk I would like to give: _____

Talents I'm willing to share at Celebration _____

If I'm not selected to serve on staff, I will help support the Celebration weekend in other ways, like attending the serenade, making stuff like warm fuzzies, etc.) Yes No

I understand that if I am chosen for a Celebration #21 staff role, I need to attend staff training on **July 22**. In addition, I agree to read and abide by all the staff covenants on the back of this page and will submit my \$150 Celebration fee with this application (checks should be made out to Houston Presbyterian Pilgrimage). **I have checked to make sure that everything on the front and back of this application form (including the Cho-Yeh page) has been completed.**

Applicant signature _____ Date _____

Applicant's parent/legal guardian signature _____ Date _____

Parent/Guardian name (please print) _____ Phone _____

Return this application and a \$150 check payable to Houston Presbyterian Pilgrimage by July 1, 2017, to:

Carol Hunt, Houston Area Celebration Registrar, 4426 Vandermere Court, Kingwood, TX 77345

registrar@houstonareacelebration.org Phone: 281-352-3365

You can apply on-line and pay on-line via PayPal at www.houstonareacelebration.org

Checks are not deposited until after the weekend is completed.

- I would like to request a scholarship. (A **minimum fee is requested of all applicants.**)
- I would like a **second T-Shirt. If so, please add \$12 to your staff fee (Total of \$162).**

Parents and Legal Guardians: Please read the Staff Covenants your son or daughter has agreed to *and* complete the Parental Consent Form on the backside of this page.

ALSO, an attached Assumption of Risk Waiver form is required by Camp Cho-Yeh, and must be signed by a parent and sent with this registration form.

Houston Area Celebration #21 Staff Covenants

Celebration is an opportunity to serve as Christ's representative to others. If I am selected for a staff role at Celebration #21, I agree to:

- ◆ serve other participants and staff during the weekend, which means I may have to make appropriate personal sacrifices in order to live out my faith and demonstrate the love of Christ.
- ◆ **attend the workday session on July 1, 2017, and the training on July 22, 2017**, so that I am spiritually and mentally prepared to serve the Celebration participants in my assigned role.
- ◆ write one piece of **handwritten** Caritas for each participant and one piece of **handwritten** Caritas for each staff member. I will turn this Caritas in to the Head Caritas Gopher upon my arrival at camp. Caritas for participants, in all of its forms, will be my first priority.
- ◆ serve the participants with energy, imagination, enthusiasm and unconditional love, abiding by the necessary bedtimes set by the Moderator in order to do so. I also agree to model appropriate Christian behavior, actively participating in all group activities during the weekend.
- ◆ refrain from use of any illegal drugs or prescription for drugs not prescribed for me, including all alcohol and tobacco products. I understand that the consequences of breaking this covenant are loss of my staff role and having to leave the Celebration weekend.
- ◆ agree to submit to a background check and special training if I will be 18 by the time of HAC #21.
- ◆ accept and respect the decisions of the adult leaders during weekend.

Parental Consent Form (Required)

Youth Name _____ Age _____ Birth date _____

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by The Houston Presbyterian Cursillo Council.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at physician's office or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, lack of proper behavior or any other reason, the undersigned shall arrange for appropriate transportation of our (my) child home from the retreat site.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by an adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The Houston Presbyterian Cursillo Council.

[Optional] I authorize my youth to transport himself/herself or to be transported by another youth to or from Camp Cho-Yeh.

Yes No **[PLEASE CHECK ONE OF THESE]**

If yes, please state the name of the youth(s) authorized to provide transportation for your youth: _____

In the event of an accident resulting in injury or loss, I specifically agree to indemnify Houston Area Celebration, Houston Presbyterian Pilgrimage and their volunteers and agents from any liability for such accident, injury or loss to me or my child occurring on the retreat weekend including transportation to and from the weekend.

I authorize Celebration adults/youth to make use of pictures or video taken during the weekend involving my youth which will be prepared to record the weekend for the participants and to provide publicity for future weekends.

Medical Insurance Company _____ Policy Number _____ **(ATTACH A COPY)**

ALL Emergency Contacts & Phone Numbers _____

Please list any allergies _____

Please **list all medications and dosage** your student will need to take during the weekend: _____

(Please direct student to give any medications and detailed dosage info to a supervising adult upon arrival at camp.)

Check if your student has any of the following:

- | | | |
|------------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Asthma/Lung Problems | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Lymphatic |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Allergy | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes History | <input type="checkbox"/> Gastrointestinal | |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Genitourinary | Tetanus up-to-date |
| <input type="checkbox"/> Psychiatric Disorders | <input type="checkbox"/> Hematological | YES NO (Circle one) |

Father/Legal Guardian
(Parent signature required)

Date

Mother/Legal Guardian

Date



GROUP NAME:
Houston Celebration - HAC #21 2017

2200 South Washington Ave. Livingston,
TX 77351
Phone: (936)328-3200
Fax: (936)328-3231
www.cho-yeh.org

INDIVIDUAL ASSUMPTION OF RISK, WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

Each participant must fill out this form. All forms should be turned in to Camp Cho-Yeh before or upon arrival.

I wish to enter onto Camp Cho-Yeh's premises and to participate in recreational activities to be made available to participants at Camp and Conference Center, Inc. I am aware that there are a number of risks of injury and death at Camp Cho-Yeh. I am aware that Camp Cho-Yeh has a lake on site and has direct access to a swimming pool. Therefore, I may have the opportunity to participate in aquatic activities including, but not limited to, swimming, kayaking, fishing and any other activity arranged for me by the group leader and Camp Cho-Yeh's Staff. I acknowledge that it is the full responsibility of me (or legal guardian if under the age of eighteen) to decide on and carry out any activity restrictions I (or legal guardian) deem personally necessary. I acknowledge that non-swimmers or weak swimmers should not participate in aquatic activities. I understand Camp Cho-Yeh also offers activities on a Challenge Course. This Course includes elements as high as forty-five (45) feet high with which a belay system is used as well as low elements approximately six (6) feet high with which group spotters are used. I understand that Camp Cho-Yeh offers activities on a paintball course. I acknowledge that paintball is a strenuous activity in which participants can and do get injured including the lower body, mid-section, upper body, and head. In addition, marks are usually left on the skin when a paintball makes contact with a participant. I understand other activities include, but are not limited to, team and individual sports, miscellaneous games, and all aspects of camping. I am aware and understand that the activities discussed in this document are only some examples of risks of injury and death at Camp Cho-Yeh, and that these and/or other activities in which I participate during my stay at Camp Cho-Yeh (the "Activities") may be hazardous or otherwise involve a risk of physical injury or death to participants. I understand hazards include, but are not limited to, the hazards of being in a wilderness area, the forces of nature, and other reasons associated with the activities.

In consideration of Camp Cho-Yeh permitting me to enter upon premises owned or controlled by Camp Cho-Yeh, to participate in Activities at Camp Cho-Yeh, and/or to use any equipment owned or controlled by Camp Cho-Yeh, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I agree as follows:

I expressly assume any and all risks of injury or death arising from or relating in any way to the following "Causes": (i) my ingress, egress or presence or activity on Camp Cho-Yeh's premises (including but not limited to participation in Activities defined above), (ii) the condition of Camp Cho-Yeh's premises, the adjoining land, or any of the driveways, streets, or alleys used in connection with Camp Cho-Yeh's premises, or (iii) the use or condition of any equipment on Camp Cho-Yeh's premises or equipment owned or controlled by Camp Cho-Yeh, or (iv) any act or omission of Cho-Yeh Camp and Conference Center, Inc., its affiliates, contractors, vendors, directors, officers, agents, sponsors, employees, staff, volunteers, or representatives of any kind (collectively "Releasees"). On behalf of myself, my dependents and personal representatives, **I hereby agree to waive and release any and all actions, claims, suits or demands of any kind or nature** whatsoever against the Releasees arising from or relating in any way to any of the Causes. I understand and agree that this Individual Assumption of Risk, Waiver, Release and Indemnification Agreement means, among other things, that **if I am injured or die as a result of any of the Causes, I, my family, my heirs, and others cannot under any circumstances sue Releasees** or any of them for damages relating to or caused by my injuries or death.

I agree to indemnify, to the extent permitted by the laws and constitution of the State of Texas, **Releasees** or any of them, and their subrogees, if any, in the event of any loss, damage or claim (including court costs and attorneys' fees) for my injury or death arising from or relating in any way to any of the Causes. **MY ASSUMPTION OF RISK, WAIVER, RELEASE, AND OBLIGATIONS TO INDEMNIFY THE RELEASEES UNDER THIS DOCUMENT SHALL APPLY TO LIABILITIES EVEN IF SUCH LIABILITIES ARE CAUSED IN WHOLE OR IN PART BY THE SOLE, JOINT, OR CONCURRENT NEGLIGENCE, FAULT OR LIABILITY OF ANY ONE OR MORE OF THE RELEASEES, WHETHER OR NOT SUCH SOLE, JOINT, OR CONCURRENT NEGLIGENCE, FAULT OR LIABILITY WAS ACTIVE OR PASSIVE.**

I understand and agree that I would not have been permitted upon premises owned or controlled by Camp Cho-Yeh, and/or to use any equipment owned or controlled by Camp Cho-Yeh had I not executed this Individual Assumption of Risk, Waiver, Release and Indemnification Agreement.

I have read this Assumption of Risk, Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning, and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

I hereby consent to and authorize Camp Cho-Yeh to use and reproduce any photographs and/or video taken of me for the purposes of web and print media designs and publications, and I will not receive compensation for such use.

Date Signature of Participant Printed Name of Participant

Street Address City State Zip E-mail (optional)

FOR PARTICIPANTS UNDER THE AGE OF EIGHTEEN

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Assumption of Risk, Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.

Date Signature of Parent Printed Name of Parent

Date Signature of Witness Printed Name of Witness

Emergency name and phone number in the event the above cannot be reached.

Printed Name of Contact Primary Phone Number Secondary Phone Number