



2019 LIT Application*

(410) 798-0455

101 Likes Road Edgewater, MD 21037

PLEASE COMPLETE ALL 9 PAGES AND ENCLOSE THE FOLLOWING:

- Full payment and snack shop fee
- Recent photo of camper
- **If you are a returning LIT, please only complete the first 4 pages of this form.**
- Please send TWO reference forms as requested.
- New LIT applicants will have a short phone interview prior to acceptance into the program.

*LIT Registration Form is for campers ages 15-18

PLACE
RECENT
PHOTO
HERE

CAMPER INFORMATION

Camper's Legal Name							Female	Male	
Address									
City			State		Zip		County		
Date of birth / /		Age (at camp) /		Current Grade		Is this your first summer with us?		YES	NO
Month / Day / Year		Year/Month							
How did you hear about Camp Wabanna?			Advertisement	Family Friend		Web Search		Other	

PARENT / GUARDIAN INFORMATION

Father's / Guardian's Name		
Home #	Work #	Cell #
Father's / Guardian's Email		
Home Address (if different from camper)		
Mother's / Guardian's Name		
Home #	Work #	Cell #
Mother's / Guardian's Email		
Home Address (if different from camper)		

TWO ADDITIONAL CONTACTS IN EVENT PARENT(S)/GUARDIAN(S) CANNOT BE REACHED

Name:	Relation to camper:	Cell #
Name:	Relation to camper:	Cell #

Please note: After June 1st, any request for a change of dates must be made in writing. If we can honor the request, there will be a \$25 processing fee. *Cancellation before June 1st forfeits \$150. No refunds for cancellation will be given after June 1st.*

If your camper has NOT been fully immunized, please sign the following statement:

I understand and accept the risk to my child from not being fully immunized.

Parent/Guardian: _____ Date: _____ Relationship to camper: _____

SESSIONS- PLEASE CHECK THE SESSION(S) DESIRED

DATES		WEEKLY FEE		SNACK SHOP <small>(must be a minimum of \$30 no more than \$50)</small>	TOTAL CAMPER FEES
WEEK 1: June 16-21 (Sun-Fri)		\$270			
WEEK 2: June 23-28 (Sun-Fri)		\$270			
WEEK 3: June 30-July 5 (Sun-Fri)		\$270			
WEEK 4: July 7-12 (Sun-Fri)		\$270			
WEEK 5: July 14-19 (Sun-Fri)		\$270			
WEEK 6: July 21-26 (Sun-Fri)		\$270			
WEEK 7: July 28-2 (Sun-Fri)		\$270			
Pre-order a sweatshirt. (Camper can choose at drop off on Sunday night) \$30 each					
Pre-order camper photos. \$10 each. Photos will be uploaded to BUNK1. Bunk1 will charge additional \$5 for their services.					
Please select a size		Adult Small	Adult Medium	Adult Large	Adult X-Large
Pre-order a tee shirt. (Camper can choose at drop off on Sunday night) \$18 each					
Please select a size		Adult Small	Adult Medium	Adult Large	Adult X-Large
Pre-order a water bottle. (Camper can choose at drop off on Sunday night) \$12 each					
Pre-order a baseball hat. (Camper can choose at drop off on Sunday night) \$20 each					
Donation to Good Samaritan Scholarship Program to help financially assist children in need:					
					TOTAL:\$
TOTAL AMOUNT YOU ARE PAYING					\$
Please check payment method		CHECK	CASH	MONEY ORDER	
		VISA	AMEX	MASTER CARD	DISCOVER
Credit Card #			Expiration Date		
CVV Security Code		Signature			
* At the end of the week all remaining snack shop balances will be donated back to Wabanna's scholarship fund.					

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should NOT be given.**

- Acetaminophen (Tylenol)
- Phenylephrine decongestant (Sudafed PE)
- Antihistamine/allergy medicine
- Diphenhydramine antihistamine/allergy medicine (Benadryl)
- Sore throat spray
- Calamine lotion
- Laxatives for constipation (Ex-Lax)

- Ibuprofen (Advil, Motrin)
- Pseudoephedrine decongestant (Sudafed)
- Guaifenesin cough syrup (Robitussin)
- Dextromethorphan cough syrup (Robitussin DM)
- Generic cough drops
- Aloe
- Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

Medication: This camper will not take any daily medications while attending camp.

This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Maryland requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of Medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			oBreakfast oLunch oDinner oBedtime oOther time:		
			oBreakfast oLunch oDinner oBedtime oOther time:		
			oBreakfast oLunch oDinner oBedtime oOther time:		

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

- | | |
|---|---|
| 1. Passed out/had chest pain during exercise?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Has or had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Wear glasses, contacts, or protective eyewear?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain "Yes" answers in the space below, noting the number of the questions.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
- Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
- During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No

Explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

What Have We Forgotten to Ask? Provide any additional information about the camper's health that may affect the camper's ability to fully participate in the camp program. **Attach additional paper if needed.**

Please read and sign the following:

WHEREAS, certain circumstances and situations may occur resulting in my child's need for medical/dental care and treatment, and further resulting in my inability to give personal consent for such care and treatment,

THEREFORE,

1. In consideration of permission for my child to participate in said camp program, I, _____, being of legal age, authorize Camp Wabanna or any agent of Wabanna Bible Conference, Inc. to act in my child's behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examination, anesthesia, surgery, or any other procedures which may be deemed necessary for my child's medical well-being for the duration of the camp stay.
2. I recognize that this consent is given in advance of any specific diagnosis, treatment, surgery, hospital care, or any other procedure required, but is necessary to provide authorization and specific consent for medical/dental treatment and care in my child's behalf due to the nature and destination of the program.
3. Any consent by Camp Wabanna, or any agent of Wabanna Bible Conference, Inc., shall have the same force and effect as if I had personally signed the consent.
4. I certify that I have personal health insurance with:

Company

Policy Number

with no territorial limitations, which will provide coverage for my child during the duration of said program. I understand that no health plan is provided through Camp Wabanna, and any expenses resulting from medical treatment of _____ are my sole responsibility. Should Camp Wabanna incur any expenses for the medical treatment of my child, I shall reimburse Camp Wabanna within 30 days of receiving the bill from Camp Wabanna.

5. I am aware that serious illness requiring transportation by ambulance can be quite costly and that coverage for this type of service is not covered by any health plan available through Camp Wabanna. I agree that I am responsible for any expenses that may arise from my child's transportation by ambulance or other extraordinary means.

6. I hereby release and hold harmless Wabanna Bible Conference, Inc. and their officers, and employees from all liability for bodily personal injury, arising as a result of medical/dental treatment given pursuant to this prior consent.

7. By signing below, I acknowledge and accept the risks of physical injury associated with participation in the camp program and field trips. Except for gross negligence on the part of the camp, I accept personal financial responsibility for any bodily or personal injury sustained during the camp program or field trips. Further, I promise to release and hold harmless Wabanna Bible Conference, Inc. and its representatives for any injury related to the activity. I recognize that certain hazards and dangers are inherent in camp events and programs. And particularly but not limited to, swimming, boating, field activities, ropes courses, team courses, tower climbing, water tubing, kayaking. I understand that adventure activities may expose my child to psychologically and physically stressful and challenging situations. I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. I understand that my child shares responsibility for his/her safety and I have instructed my child in the importance of knowing and abiding by the camp rules, regulations, and procedures for his/ her safety of camp participant.

8. By signing below, I acknowledge and accept that Camp Wabanna reserves the right to discipline or send home any child for any reason in its sole discretion. General reasons for immediate dismissal include, but are not limited to any of the following: if a child is defiant, uncooperative, and will not or cannot participate in the normal program. Campers sent home due to behavioral problems are not allowed to return. No refund will be given if a child is sent home for behavioral reasons. If a departure need arises, parents/guardians or emergency contacts will be notified. Upon notification, the parent/guardian will be allowed a maximum time of four hours to remove their child from camp property.

9. By signing below, I acknowledge and accept that Camp Wabanna reserves the right to send home any child if a health situation puts another individual in jeopardy, if the camper needs special health attention, if a child has a temperature above 101 degrees, pink eye, ring worm, lice, strep throat, or any infectious situation; Campers sent home due to medical reasons can only return to camp with a doctor's release and must be able to participate in the normal camp program. No refund will be given if a child is sent home for medical reasons. If a departure need arises, parents/guardians or emergency contacts will be notified. Upon notification, the parent/guardian will be allowed a maximum time of four hours to remove their child from camp property.

10. **By signing below, I acknowledge and accept Camp Wabanna's cancellation policy. That cancellation for any reason before June 1st forfeits \$150. There are no refunds for cancellation for any reason after June 1st.**

11. By signing below, I acknowledge and give permission for the use of photographs, or other media, including my son or daughter to be used in camp publicity.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable arbitration process.

I HAVE READ ALL THE AFOREMENTIONED INFORMATION AND I AGREE TO COOPERATE AND ADHERE TO THESE GUIDELINES. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THESE FOUR PAGES IS COMPLETE AND ACCURATE.

Signature of Parent/Guardian

Date

About You:

1. How did you hear about Wabanna? _____

2. High School Name: _____ Location: _____

Status: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduated (Year _____)

4. Any post high school specialty experience/training? _____

5. Spoken language(s) other than English? _____

6. Is Jesus Christ your Lord and Savior? ___ Yes ___ No

7. Are you a member of a church? ___ Yes ___ No -- Name of Church _____

If different, what church are you currently attending? _____

8. Have you been baptized? ___ Yes ___ No If yes, when? _____

9. Do you have any current limitations that we should be made aware of that may hinder your ability to perform job related tasks? _____

10. Are you able to work without access to air conditioning? ___ Yes ___ No

11. Have you ever been convicted of a felony? ___ Yes ___ No (If yes, please explain)

12. Have you ever been convicted of, or are any charges pending against you, concerning any crime involving actual or attempted child abuse, mistreatment or neglect, or sexual molestation of a minor in any jurisdiction? ___ Yes ___ No (If yes, please explain _____)

Are You Certified?

Please note specific certifications and expiration dates. All staff are encouraged, but not required, to have CPR and First Aid upon arrival.

CPR _____

First Aid _____

First Responder _____

Emergency Med. Tech (EMT) _____

Nurse (RN, GN, LPN) _____

Lifeguard _____

Sailing _____

Canoeing _____

Kayaking _____

Boater Safety _____

Climbing Wall _____

High/Low Ropes Course _____

Personal Evaluation

How would you rate yourself in the following areas on a scale of 1 to 5?

1 = I struggle greatly in this area

2 = I try, but I still struggle

3 = I'm okay, but not the worst or best

4 = I'm pretty good in this area 5 = I thrive in this area

Ability to get along with others

Teachable

Problem Solving/Conflict Resolution

Promptness

Capacity to work with Youth

Energetic

Respect for Authority

Sense of Humor

Ability to Lead Others

Servant Attitude

Self-Starter/Motivation

Empathy

Creativity

Patience

Team-work

Listening to Others

Ethical & Moral Issues

Please answer the following questions and state your beliefs on each of the following subjects. If necessary please use an additional document/e-mail to complete your answers.

Illegal Drugs:

Alcohol:

Tobacco/Smoking:

Do you participate in (or use) any of the above practices?

Questionnaire

Please answer the following. If necessary use an additional document/e-mail to complete your answers.

1. Who is Jesus Christ? What role does he play in your life?

2. Explain why you want to serve at Camp Wabanna and how you will use your gifts and talents.

3. What impact do you believe a Christian camping experience can have on a child's life?

4. Explain your previous experience working with children.

5. What do you believe "cultural sensitivity" means?

6. What do you believe it means to have a "servant's heart"?

7. What do you believe it means to be part of a team?

Personal References

Two personal reference forms must be completed and returned as soon as possible. (You can download these from our website). One must be filled out by your pastor/minister and the other by someone who has known you for a considerable period of time. Your application cannot be fully processed until we have these references.

Commitment: By typing my name below I agree that as a potential LIT, I understand the task ahead of me is sacred and significant. With the Lord's help, I will fulfill my task to the best of my ability. Name: _____

REMINDERS: ~ PLEASE ATTACH A RECENT PHOTO TO THIS APPLICATION.

~ BOTH REFERENCE FORMS (ONE COMPLETED BY YOUR PASTOR) MUST BE SUBMITTED FOR YOUR APPLICATION TO BE COMPLETE.

~ PLEASE INCLUDE THE TWO AGREEMENTS ATTACHED BELOW WITH YOUR APPLICATION.

Agreements

Please read and initial the following statements in the Ethics Agreement to indicate your clear understanding and willingness to abide by the rules, policies and agreements as set forth by Wabanna Camp & Conference Center.

Please read each statement thoroughly and sign both forms in agreement.

WABANNA CAMP & CONFERENCE CENTER
101 Likes Road, Edgewater, MD 21037

ETHICS AGREEMENT

_____ I understand that my commitment to be involved at Wabanna Camp & Conference Center requires certain standards of my lifestyle. I realize that my behavior is a reflection on both the camp's ministry and our Savior Jesus Christ. By my involvement, I will be considered an example and a leader. Others will look to me for direction.

_____ I understand that a daily walk with Christ through the Bible and prayer is essential in order to comply with my responsibilities. I will submit myself to the leadership staff as I realize they are concerned about my personal growth.

_____ I agree to resign my position if I am involved with alcohol, drugs, or sex. I further agree to never steal from anyone and to deal with people in an honest, fair fashion. By a violation of these issues I have forfeited my ability to lead by Godly example at Wabanna Camp and Conference Center.

_____ I accept responsibility for the safety and well-being of the campers that are assigned to my oversight. I will strive to have compassion on all people and to care for each person on an equal level. I will strive to be a servant, without complaining. I realize that a spirit of cooperation is vital to my interaction with other workers.

By typing my name in the box below, I accept the above-mentioned statements as true and agree to function accordingly as a representative of Wabanna Camp & Conference Center.

Full Name

Date

WABANNA CAMP & CONFERENCE CENTER

101 Likes Road, Edgewater, MD 21037

MISSION STATEMENT

Wabanna Camp & Conference Center is a beautiful place and a committed group of people fueled by the love of Christ to offer camp and retreat experiences that are gospel-centered and community-focused, exciting and meaningful, challenging and comforting, so that all who come are changed.

Because we believe that all people are invited to join in and enjoy the riches of Christ, we also believe that true joy, life-affirming fun and lasting change can only be found in and through Him.

DOCTRINAL STATEMENT

We base our Doctrinal beliefs on the Apostles' Creed. Please take a moment to review the Apostles' Creed. In addition to the Apostles' Creed, we hold to the following core values/beliefs:

BIBLE: We believe that the Bible is God's word, inspired by God Himself through the power of the Holy Spirit and is profitable for everything we do & represent at camp.

LEADERSHIP DEVELOPMENT: As Jesus chose and mentored friends and disciples, we strive to walk alongside and train up members of the next generation of passionate Christians who will lead by serving.

HOSPITALITY: Because humanity was made in God's image, we treat all people with love, respect and charity. All are welcome here, with particular concern for the poor and marginalized.

DIVERSITY: Wabanna is a place where people can experience ethnic and socio-economic diversity in a nurturing environment. Also, within the body of Christ there are a variety of expressions of faith and practice and we see great strength in gathering and learning together.

PARTNERSHIPS: We want to offer the Wabanna experience in service to Christ's Church and kingdom by partnering with and being a resource for churches and other organizations.

FUN: Camp Wabanna is the great equalizer. We foster laughter and community so that people enjoy a life-affirming experience fully reflecting the joy intended by Christ.

STEWARDSHIP: We have a strong emphasis on environmental and resource stewardship. God made the world good and full of His good gifts that we have been entrusted to care for and use well.

By typing my name in the box below, I accept the above-mentioned statements as true and agree to function accordingly as a representative of Wabanna Camp & Conference Center.

Full Name

Date