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Seymour, IN 47274

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# TST neXt Application

## Personal Information

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Have you been a camper at SpringHill in the past? \_\_\_\_\_ If so how many years? \_\_\_\_\_

What other (non-SpringHill) camps have you attended? \_\_\_\_\_

## Church Affiliation

Church Attending \_\_\_\_\_ Denomination \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Education

High School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Grade Completed by June 14, 2009 \_\_\_\_\_ Date of (expected) graduation \_\_\_\_\_

Please list any certificates (Life guarding, CPR, etc...) \_\_\_\_\_

## References

### Pastor/Spiritual:

\_\_\_\_\_  
Name E-mail

\_\_\_\_\_  
Phone Relationship

### Work/Academic:

\_\_\_\_\_  
Name E-mail

\_\_\_\_\_  
Phone Relationship

### Character:

\_\_\_\_\_  
Name E-mail

\_\_\_\_\_  
Phone Relationship

### OFFICE USE ONLY

Date Received \_\_\_\_\_ Accept/Transfer \_\_\_\_\_

Email Sent \_\_\_\_\_ Notes \_\_\_\_\_

Interview Done \_\_\_\_\_

## Spiritual

1. Have you ever made a personal commitment to Jesus Christ? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How does your relationship with Jesus effect your daily life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What do you do on a regular basis to grow in your relationship with God? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work/Team Experience

1. Please describe any experience you have working with children: \_\_\_\_\_

\_\_\_\_\_

2. Please describe any jobs you have had. (If you've never had a job, please answer in terms of your schoolwork.)

\_\_\_\_\_

a. What strengths did you bring to this job (or class work)? \_\_\_\_\_

\_\_\_\_\_

b. If you could improve on one aspect of your work, what would it be? \_\_\_\_\_

\_\_\_\_\_

3. Describe a team that you have been a part of (sports, academic project, etc.) \_\_\_\_\_

\_\_\_\_\_

a. How did you contribute to the success of the team? \_\_\_\_\_

\_\_\_\_\_

b. If you could have a position on any team in the world, which would it be and why? \_\_\_\_\_

\_\_\_\_\_

## More About You

1. Why do you want to be a part of the TST neXt program at SpringHill? \_\_\_\_\_

\_\_\_\_\_

2. Who was an influential person your life when you were younger? \_\_\_\_\_

a. Why were they influential? \_\_\_\_\_

\_\_\_\_\_

TST neXt is a highly selective high school program of SpringHill Camps. We consider working with and teaching children to be a high privilege that comes with great responsibility. Your acceptance into the program will depend on your application being completed (including reference forms) and an interview being done with a SpringHill staff member. Not all applicants will be accepted. Please continue to pray about whether to serve with us on the neXt team or another TST team this summer.

# SpringHill Summer Camp Registration

**Camper Information** Confirmation will be sent to the parent e-mail address unless USPS is requested by checking here:  USPS mail

Camper's first name	Camper's last name	Birth date	Grade completed by June 12, 2010	Gender	Camper's e-mail (if applicable)
Parent or guardian's full name		Spouse's name			Parent's e-mail
Street address	City	State		Zip code	
Home phone	Business phone (indicate whose)	Father's cell phone		Mother's cell phone	
Camper's church (if applicable)	Camper's school	Camper's previous camp attendance <input type="checkbox"/> Michigan <input type="checkbox"/> Indiana camp <input type="checkbox"/> Day Camp <input type="checkbox"/> None			

## Program Registration

<b>Indiana</b> <input type="checkbox"/> Redbrush 1st-3rd grade <input type="checkbox"/> Redbrush 4th-6th grade <input type="checkbox"/> InPursuit 6th-9th grade <input type="checkbox"/> TST 9th-12th grade	<b>Michigan</b> <input type="checkbox"/> Storybrook 1st-3rd grade <input type="checkbox"/> Copper Country 4th-6th grade <input type="checkbox"/> New Frontiers 6th-9th grade <input type="checkbox"/> TST 9th-12th grade	Program 1st choice; Dates attending (beginning and end)  Program 2nd choice; Dates attending (beginning and end)
Roommate Choices: List up to three friends and their e-mail addresses		

**Billing Information** A deposit of \$50 is required when registering between September 25, 2009-January 15, 2010. A deposit of \$100 is required when registering between January 15, 2010-April 1, 2010. A deposit of \$150 is required when registering after April 1, 2010. If cancellation is made prior to January 15, 2010, your deposit is fully refundable. If cancellation is made after January 15, 2010, result is forfeiture of your deposit. Cancellations within 21 days prior to camp start date will result in forfeiture of one half the cost of camp. No-shows for a scheduled camp will result in forfeiture of the full camp fee. Cancellations must be requested in writing (mail, e-mail or fax). Please choose one of the following 3 payment options. (U.S. dollars only.) Your signature authorizes your deposit as well as automatic collection of your balance due on May 4, 2010 using the same payment method. It may take up to 5 days to process. Registrations made after May 4, 2010 will require full payment. Payment plans are available. Please call 231.734.2616.

<b>Method of payment</b> <input type="checkbox"/> Electronic transfer from checking account: Bank name _____ Bank transit/ routing number _____ Bank routing number _____ <input type="checkbox"/> Debit/credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Name on card _____ Card number _____ Exp. date _____ <input type="checkbox"/> Check enclosed (Your check will be processed as an EFT as well as the remaining balance on May 4, 2010. It may take up to 5 days to process)		
Amount of deposit/fee authorized \$ _____	Amount of spending money enclosed or authorized \$ _____ <input type="checkbox"/> add spending money now for express check-in on opening day	
Authorized signature (without your signature, it will not be possible for us to process your registration)		

**Special Needs** We want to make sure that each child receives the level of attention needed to provide an incredible, inclusive camp experience. Our staff will contact you if there is concern that your camper's needs may require additional assistance from our staff or potentially exceed our ability to provide exceptional care to him/her and others.

Does your camper have any physical, emotional, mental or behavioral challenges that have been professionally diagnosed or are under evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your camper currently receive special assistance at school? <input type="checkbox"/> Yes <input type="checkbox"/> No Will your camper potentially require special attention in order to participate in normal camp activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Indicate any behavior concerns List any food allergies Additional information	<b>Indicate the severity of all applicable conditions:</b> <b>1 Mild, 2 Moderate, 3 Severe</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Asperger's <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Autism <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 ADD/ADHD <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Asthma <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Blind/legally blind <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Bone/joint/muscle (MDS/CP/other) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Hearing impaired <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Immune disorder <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Seizure disorder
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## Release of Liability, Waiver, Indemnification, and Consent to Medical Attention and Use of Images

I understand that all camping and recreational programs carry with them significant risks. Although SpringHill Camps ("SpringHill") has taken reasonable and prudent steps to reduce foreseeable risks, they still exist. Accordingly, in exchange for my child or ward being allowed to participate in the SpringHill Camping Program (the "Program"), to be conducted at the location identified above, we, the parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) of the child or ward identified on this Registration Form agree to be bound by each of the following: **1. Voluntary Participation.** I understand and confirm that our child or ward's participation in the Program is voluntary. **2. Identification of Risks.** I understand that the Program takes place at various locations in Michigan and Indiana. I understand that there are certain dangers, hazards, and risks inherent in camping activities and in the activities included in the Program and Activity. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of the Program. I understand that our child's or ward's participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known to SpringHill and not reasonably foreseeable at this time. I understand that this Release of Liability, Waiver, Indemnification, and Consent is intended to address all of the risks of any kind associated with my child's or ward's participation in any aspect of the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of SpringHill or its directors, officers, employees, agents, volunteers, successors, or assigns. **3. Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my child's or ward's participation in the Program. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my child's or ward's participation in the Program. **4. Release and Waiver.** I release SpringHill and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my child's or ward's participation in the Program (a "Claim"), whether or not caused in whole or in part by the negligence or other misconduct of SpringHill or any of the individuals mentioned above. **5. Indemnification.** I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) SpringHill and its directors, officers, employees, agents, volunteers, successors, and assigns, from all claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my or my child's or ward's behalf, that is released or waived by this instrument), in any way connected with or arising out of my child's or ward's participation in the Program, whether or not caused in whole or in part by the negligence or other misconduct of SpringHill or any of the individuals mentioned above. **6. Binding Effect.** This instrument shall be binding upon my child's or ward's relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of SpringHill, the Program, and their respective directors, officers, employees, agents, volunteers, successors, and assigns. **7. Consent to Medical Treatment.** I authorize SpringHill and its representatives, if present, to provide to my child or ward, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should my child or ward require such assistance, transportation, or services as a result of injury or damage related to any participation in the Program. This consent does not impose a duty upon SpringHill or its representatives, to provide such assistance, transportation, or services. **8. Use of Images.** By signature below, I grant to SpringHill, its successors and assigns, the right to use, publish (in any medium, but not limited to, print, digital, or display and transmission on the Internet), publicly display and perform (in any format, but not limited to, film, slide, television, digital display and/or transmission on the Internet), and copyright for its fundraising, marketing, educational media project, and other commercial purposes (the "Project"), photographs and/or video-taped interviews of my child or ward (collectively, the "Multi-Media Works"). By signature below and in consideration for SpringHill's agreement to have the Multi-Media Works taken for the possibility of being featured in the SpringHill Project, and the expense that it may incur in having the Multi-Media Works taken, processed, and produced, I release, on behalf of myself and my child or ward, SpringHill, its directors, officers, employees, agents, successors, assigns, and all persons acting under SpringHill's permission or authority, from any liability for, and waive any and all claims for injury, loss, damage, or compensation, or any other claims (including libel and slander, invasion of privacy, and violation of publicity rights) in any way connected with me and my child or ward, and arising out of SpringHill's use of the Multi-Media Works in its Project. Finally, by signature below, I waive any right that I, or my child or ward, may have to inspect or to approve the Multi-Media Works' finished product or other copy that SpringHill may choose to use for the Project or in connection with other materials related to SpringHill, its business, and products. By signature below, I understand and agree to the terms above. I understand that I am giving up rights by signing it. I am signing it voluntarily. **9. Severability.** If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument. **10. Applicable Law.** Because the SpringHill Program is conducted in the States of Michigan and Indiana respectively and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the laws of the States of Michigan and Indiana respectively. **THIS IS A RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I HAVE READ THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND MY CHILD'S OR WARD'S RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT VOLUNTARILY.** If the person participating in the Program is not yet 18 years old, a parent or the legal guardian must sign: In exchange for my/our child or ward being allowed to participate in the SpringHill Program and as the parent(s) or legal guardian(s) of the above named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Release of Liability, Waiver, Indemnification, and Consent.

Printed name (parent or legal guardian)

Signature

Date

Send completed form to SpringHill Camps registration, P.O. Box 100, Ewart, MI 49631 or fax to 866.332.5572.