



Inspiration Point

CHRISTIAN CAMP + RETREAT CENTER
YOUTH LEADER/CHAPERONE REGISTRATION FORM

Name _____

Address _____

City _____ St _____ Zip _____

Phone () _____ Email _____

Date of Birth ____/____/____ Male Female 1st Time at IPoint? Yes No

Food Allergies/dietary restrictions _____

Event/Youth Retreat _____

Church _____ Volunteer Church Staff

Emergency Contact _____ Phone () _____

Consent for Criminal Background Check

In order to protect the campers and guests in our care, Lutheran Brethren Bible Camp, Inc. (LBBCI) conducts a background check on new employees, volunteers & those in leadership roles. Your signature below authorizes LBBCI and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Full Legal Name _____

SSN: _____ - _____ - _____ Race _____

Other Names Used _____

(Maiden, alias', legal name change, etc.)

Lutheran Brethren Bible Camp, Inc. Medical/Media Release

CONSENT: I have chosen to attend/chaperone an Inspiration Point event and designate camp officials to act on my behalf, if necessary, in authorizing routine and/or emergency medical care. I also agree to hold harmless Lutheran Brethren Bible Camp, Inc. for any and all claims for injuries, causes for action, or liability related to use of all camp facilities (such as, but not limited to adventure course, climbing tower, tubing hill, etc.). I understand that any guest willfully destroying property will be charged accordingly. I further authorize the camp to use photos or video taken of me at camp for promotional purposes. I affirm that I have neither been convicted of, nor am I the subject of pending charges, for any offense involving actual or attempted child abuse or sexual molestation in any jurisdiction. I give LBBCI permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photo copy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature

Date



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