



LakeJames
CHRISTIAN CAMP
& RETREAT CENTER

**Junior Faculty Training Retreat
Friday & Saturday, April 13-14, 2018
Register online at www.ljca.org or by paper.**

Friday Check-In from 6:00-6:30pm Retreat Concludes Saturday at 4:00pm
Registration form & money to be postmarked by Monday, April 2 (\$25.00).
LATE Registrations postmarked or hand delivered after Monday, April 2 (\$40.00).

This form must be filled out completely and signed by the teenager registering, a parent or guardian, and the minister or youth minister of the teenager. Send this form along with the registration fee to: Lake James Christian Assembly 1880 W 275 N Angola, IN 46703

PART I

This form must be filled out completely and signed by a parent or guardian and sent with the registration fee. NO NEED TO COMPLETE PART I IF USING ONLINE REGISTRATION!

Name _____ Doctor's Name _____
Address _____ Doctor's Phone _____
City _____ State _____ Zip _____ Health Insurance Co. _____
Home Phone _____ Sex _____ Email Address _____ Policy # _____
Church Name _____ Birth Date ____/____/____ Current Grade _____

Have you been baptized by immersion? _____ (Answering "NO" to this question does not at all disqualify you from attending this training retreat. Although we prefer that our Camp Deans enlist faculty who are immersed believers in Jesus Christ, a Camp Dean could choose to use you as a Junior Faculty member based on a variety of positive qualities that would benefit a session of camp.)

***In Case of Emergency:** I hereby give permission to LJCA to hospitalize, secure treatment, for and to order anesthesia or surgery for my child named above. I understand that every effort will be made to contact me in case of such an emergency, if possible, before any such treatment is administered. I hereby release the Camp from any responsibility other than normal supervision and care. In case of accident I will not hold Lake James Christian Assembly or its staff, management or officers liable unless guilty of negligence. **I understand that camp insurance is secondary!**

Signature of Teenager attending the Retreat _____ Date ____/____/____

*Signature of Parent or Guardian _____ Date ____/____/____

Emergency contact name _____ Emergency Contact Phone # _____

**PART 2 MUST BE COMPLETED IF REGISTERING ONLINE OR PAPER!!
Recommendation of Minister or Youth Minister**

I am confident that the teenager submitting this registration would serve well as a Junior Faculty member at Lake James Christian Camp, is trustworthy, would be a good role model, and would get along well with junior age campers (children entering grades 2 thru 7).

Signature of Minister or Youth Minister _____ Date ____/____/____