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2022

Leader-in-Training Program

**Application Form**

Camp Christopher is a shared ministry of the Synod of Saskatchewan Presbyterian Church in Canada & the Living Skies Region United Church of Canada. Camp Christopher is a safe, caring community where all may explore faith, celebrate creation and grow in relationship with Christ.

This is a hands-on leadership training for youth who have completed **Grades 9 -12**. Successful applicants will join us at camp from **July 2nd to 7th, 2022.**

The LIT Camp will blend leadership skill development and typical camp activities. Participants will also be able to practice their skills during a week of camp in July or August.

Participants in this program should be prepared for outdoor adventure, community building and social justice advocacy. Together we will explore the issues that are important to us and develop projects that take action in our own communities. Whether you have been to camp before or not – we cannot wait to meet you!

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| Participant Name: |
| Participant Email: |
| Address: |
| Parent/Guardian Name: |
| Parent/Guardian Email: |
| School:       Grade Completed: |
| Do you have summer camp experience?  YES  NO |
| Name of Camp:  Years Attended: |
| Position (ie. Camper or role on staff ): |
| What interests you most about the Camp Reconnect LIT Program? | |
| Please list your work/volunteer experience from the past 3 years including any additional qualifications or certifications you may have (swimming, music, canoeing etc.) | |
| If you could ask God one question, what would it be and why? | |

Submit your completed application to [info@campchristopher.ca](mailto:info@campchristopher.ca) or call Donna at 306-535-6916 to make alternative arrangements.

Camp Christopher LIT Applications will be accepted until June 15th, 2022.

On-site programming will operate in accordance with all provincial regulations and Saskatchewan Camps Association recommendations. Specific details regarding our Covid-19 protocols will be provided to participants and families closer to the event to ensure accuracy.

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| Health Information |
| Participant allergies and/or diet considerations (please attach additional info as needed): |
| Does the participant need medication with them such as an Epi-Pen or asthma inhaler?  Yes (please specify):      No |
| Does the participant require accommodation for any of the following:  Headaches  Ear trouble  Corrective lenses  Bed wetting  Cognitive or behavioural challenge  Mental health challenge  Chronic health condition (e.g arthritis, diabetes, epilepsy etc.)  Sleep walking Recent illness  Motion sickness  Physical disability  Other (please specify): |
| What accommodations, modifications or support would assist their participation?  The Camp Administrator will follow up to ensure the participants needs will be met at camp. |
| Does the participant know about menstruation?  YES  NO |
| Consent |
| I permit Camp Christopher and its representative(s) to share information and provide first aid and/or obtain medical care and services (e.g. contacting EMS) deemed essential for the care and wellbeing of the participant listed on this form. Camp Christopher will not be held responsible for any accident or illness involving the participant. |
| Camp Christopher is permitted to take pictures/video of my child that may be used for marketing or social media purposes.  Yes  No |
| Parent/Guardian Name: |
| Parent/Guardian Signature: |
| Date: |

**Medication Form 2021**

**Name of participant:** ­

**List of allergies and health concerns:**



**List of medication**:

\*All medication is to be in original bottles with participant’s name

\* All prescriptions must be in child’s name

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Dose | How often medication is to be administered | Reason for medication |
|  |  |  |  |

**Other**:

**Date:**       **Signature:**