

Cabin Leader in Training CIT Registration – 2025

North Grand River & Harrison Baptist Association Camp

Children's Week Monday, June 30, 2025 – Friday, July 4, 2025

This form is for CITs only. You are a Cabin leader in training.

After that you will be an assistant and please use the staff form.

Name _____ DOB ____/____/____ Age _____ Male [] Female []

T-shirt size: (Adult sizes only) S____ M____ L____ XL add \$3.00 for ____ XXL____ XXXL____.

Address _____ Phone _____

Church membership at _____ NGRBA _____ HBA _____

Number of years as a Christian _____ Are you a baptized believer? _____

Are you active in a Southern Baptist Church _____ if so, where? _____

Will you have brothers/sisters in camp? Yes, ____ No ____.

Have you attended Grand Oaks? Yes, ____ No ____ How many years? _____

How do you consider your health? Excellent ____ Good _____ Fair _____

Do you have any physical limitations that will affect your performance as a CIT? Yes, ____ No ____

If yes, please describe _____

Why do you want to be a CIT?

How do your parents feel about you being a CIT?

Have you had any witness training? Yes, ____ No _____. If yes, which programs?

Please designate areas you would be willing to assist during camp. Indicate by # 1 being first and so on.

Recreation _____ Elective _____ Other _____

What do you feel are your strengths for this position?

Please write your personal testimony

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What is Jesus doing in your life now?

Medical Information

Medical Information for each camper is to be completed and signed by a parent/guardian.

Notice: All prescription medications will be dispensed according to directions on the label.

Doctors' written orders must accompany any change.

Please put all the medication in a zip-lock bag with the camper's name on it.

Name _____

Age _____ Male [] Female []

Social Security Number _____ Date of Birth _____

Name of Sponsoring Church _____

Parent/Guardian (Camper & CIT only) _____

Home Phone _____

Address _____

Work Phone _____

City _____ State _____ Zip _____

Other Phone _____

Emergency Contact Person _____

Relationship _____

Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

Family Physician _____

Dr. Phone # _____

**Head lice checks will be conducted prior to the campers checking in. If lice is found, the camper will be sent home.*

Check and comment on all that apply

Make note of any health problems or medications you have

Do you have any physical limitations? Yes No

If yes, explain _____

Allergies:

_____ Penicillin

_____ Bee/insect sting

_____ Other (List)

_____ Sulfa/other drugs

_____ Poison Ivy

_____ Tetanus Shot

_____ Hay Fever

(Continued on next page)

Has history of or under medical care for:

_____ Heart trouble	_____ tonsillitis	_____ skin disorder
_____ Asthma	_____ epilepsy/seizures	_____ appendicitis
_____ Bronchitis	_____ diabetes	_____ hernia
_____ Nervous disorder	_____ athletes' foot	_____ ulcers

Other _____

Subject to:

_____ nosebleeds	_____ swimmers' ear
_____ Home sickness	_____ stomach/digestive disorders
_____ convulsions	_____ headaches
_____ Sleepwalking	_____ cramps
_____ Bedwetting	_____ sore throat
_____ earaches	_____ cold/pneumonia
_____ toothaches	_____ Exhaustion
_____ Hyperactivity	_____ fainting
_____ Other _____	

Check or list any activities campers should not participate in:

_____ Swimming	_____ strenuous games
_____ No upper bunk	_____ other _____

Medication required while away from home: *(Meds will only be dispensed as per instructions on bottle unless accompanied by Doctor's written orders. Medications that are prescribed by a doctor must be in the original bottle with instructions.)*

Name of medicine _____ used for _____

Instructions: _____

All medications are to be checked in with the camp nurse on the first day of camp and administered by instruction on the bottle unless accompanied by Doctor's written orders.

Are there any medications that should not be given?

_____ (Aspirin, cough drops, etc.)

Date of last tetanus shot: _____

Insurance information: Is the camper covered by family medical/hospital insurance? Yes [] No [].

If yes, please indicate carrier or plan name

Group # _____

SS # of policy holder/insurance ID number _____

Medical release: I/we have provided complete and accurate information about this camper/myself and understand that, in the event medical treatment is required, every effort will be made to contact me (us) or the other person named above. However, if I (we) cannot be reached I (we) give permission to the staff or sponsor to secure the medical services deemed necessary to provide for this camper's wellbeing. I (we) also understand that the insurance provided by Grand Oaks Baptist assembly, Inc., is a limited supplemental policy covering only injury or accidents occurring during the event at Grand Oaks. Even then it will be used only to supplement the family insurance.

Signed _____

Parent/Guardian Signature

Relation _____ Date ____/____/____

Photo Release

I, (parent/guardian) _____ grant the Grand Oaks Baptist Assembly, North Grand River Baptist Association, Harrison Baptist Association, and Sports Crusaders the absolute right to copyright, re-use, publish, and re-publish by any medium (including electronically) any photos of myself or my child or in which they may be included, that may be taken while participating in the HBA/NGR Church Camp activities

Medical Treatment Authorization

I, (parent/guardian) _____ hereby give permission to the physician selected by an adult leader in charge, to order injections, surgery, or any other medical treatment that may be deemed necessary to ensure the well-being of the above-named minor.

Medical Release

For consideration my child's participation in activities of the Grand Oaks Baptist Assembly, North Grand River Baptist Association, Harrison Baptist Association, and Sport Crusaders, I release the Grand Oaks Baptist Assembly, North Grand River Baptist Association, Harrison Baptist Association, and Sports Crusaders, their members, officers, agents, employees, and workers from any liability for any injuries or illnesses (including COVID-19) which might occur to my child.

I further agree to indemnify North Grand River Baptist Association, Harrison Baptist Association, and Sports Crusaders, their members, officers, agents, employees, and workers from any expenses they might incur due to any injuries or illnesses (including COVID-19). This release is effective for the year March 2023 - March 2024

Parent Guardian Signature _____ Date _____

COMMITMENT: I have studied the Job description for a CIT (cabin leader in training) and agree to abide by these responsibilities. I understand that for me to be a CIT, I must have completed the 10th grade. I also acknowledge that I will be required to attend the CIT Training Day on TBA at Gilman City First Baptist Church at TBA to be able to be a CIT at the HBA/NGR Children's Camp:

CIT Applicant Signature: _____

Parent(s) Signature: _____

Statement of Faith

The purpose of this statement of faith is to set forth certain teachings which we believe. This statement is our set of values that help us understand who we are and God's plan for us.

The Church: Everything the church does must first and foremost exalt the Lord (1 Corinthians 10:31). "Equipping" is one of the primary ways people become like Christ. This is accomplished as the church pours into the lives of others and those others reach out to more people (Ephesians 4:11-16).

The Scripture: Scripture is inspired by God. The 66 books of the Bible are true, authoritative, and fully sufficient for all matters of faith, belief, and life (1 Peter 1:2-4).

The Trinity: There is only one true God. He is the creator of Heaven and Earth, and all things exist to glorify Him (Colossians 1:16-17). God exists in three distinct persons (the Trinity). God the Father, God the Son, God the Holy Spirit.

God the Father: As Father, God reigns with providential care over His universe, His creatures, and the flow of the stream of human history according to the purposes of His grace. "God is Father in truth to those who become children of God through faith in Jesus Christ" (Psalm 19:1-3; Isaiah 43:3, 15; 64:8).

God the Son: Jesus Christ is the eternal Son of God. In His incarnation, He was conceived of the Holy Spirit and born of the virgin, Mary. "He honored the divine law by His personal obedience, and in His death on the cross, He made provision for the redemption of man from sin" (John 1:1-18, 29).

God the Holy Spirit: The Holy Spirit is the Spirit of God. He exalts Christ and convicts of sin and unrighteousness. "He enlightens and empowers the believer and the Church in worship, evangelism, and service" (Acts 1:8; 2:1-4, 38).

All humanity (except Jesus Christ) is sinful by birth and actions. Each person is dead in their sins and incapable of saving themselves from God's wrath (Ephesians 2:1-8).

The crucifixion of Christ was a real, historical event with prominent spiritual significance. The death of Christ on the cross is not a myth or legend, but historical fact. His death was not for His own sins, but for the sins of the world. Jesus died as a substitute for the sins of humanity (2 Corinthians 5:21).

The resurrection of Jesus occurred physically, truly, and scripturally. Jesus died on Friday, buried in a borrowed tomb, and physically arose from the grave on Sunday morning (1 Corinthians 15:4).

Jesus is alive today. Jesus ascended into Heaven and is now sitting at the right hand of the Father. All authority belongs to Jesus as King and Lord over all (Ephesians 1:20-23).

Salvation is a gift, given by God through faith in the atoning work of Jesus alone. God changes people from being rebels into being His adopted sons and daughters. His salvation is the forgiveness of sin and imputed His righteousness to us (2 Corinthians 5:17).

There will be physical resurrection of the dead at the end of time. Those who have placed their faith in Christ alone will be raised from the dead (1 Thessalonians 4:16).

God has ordained the family as the foundational institution of human society. Marriage is the unity of one man and one woman in covenant commitment for a lifetime. The husband and wife are of equal worth before God, since both are created in God's image. The marriage relationship models the way God relates to His people. Children, from the moment of conception, are a blessing and heritage from the Lord. All persons are created in God's own image and are made to glorify Him. God created man in His own image. In the image of God, He created them; male and female He created them (Genesis 1:27; 2:15-25, Isaiah 43:7, Ephesians 5:21-33).

Missional living is being a missionary where we live, work, and play. Jesus said, "For the Son of man has come to see and save that which is lost" (Luke 10:19). In light of that mission, Jesus has given us the same responsibility (John 20:21b).

Restoration begins with the understanding that we are all sinners. The church is a place of hope, healing, and new beginnings.

In signing this document, I show that I subscribe to the Statement of Faith as written above.

Signature: _____ Date: _____

CIT Job Description

Qualifications:

1. Must be a Christian and an active member of a Southern Baptist Church/HBA/NRGA Church.
2. Must have completed the 10th grade or discretion of the Camp Director.
3. Express desire to help staff with responsibilities.
4. Have some experience of camping.
5. Must be invited to attend as a CIT.
6. Invitation is extended with the knowledge of and recommendation by the pastor of the CIT.
7. Must be able to follow directions.
8. Must be able to take responsibility in various parts of camp life.
9. Must enjoy being at camp.
10. Must enjoy children.
11. Have a desire and an ability to help others to a saving knowledge of Jesus Christ.
12. Must follow all camp rules with no exceptions.

Camp fee: each CIT is responsible for their camp fee of \$150.00, T-shirt included. Most churches will assist campers and counselors with this fee. Please see your pastor. If additional assistance is needed, please contact the camp director.

Return the completed application, medical form, and screening form to your sponsoring church prior to June 9, 2025.

General Responsibilities of the CIT:

1. To help the Cabin leaders as needed.
2. To attend all worship services.
3. To help in other areas as needed and asked.

Specific Responsibilities:

1. Attend staff meetings each day.
2. Be familiar with the staff handbook.
4. Become an assistant to the cabin leader.
5. Attend Youth camp, if possible, as a camper.
6. Be willing to set aside romantic and peer relationships and focus on ministry toward the children.

If you have any questions, please contact Bobbie Johnson Children's Camp Director.

(660)373-0492

bobbiejohnson123182@yahoo.com

For Pastor or Chairman of the Deacon Committee. Please take great care in recommending this person.

This person is an active member of this church. I do not / do hesitate to recommend him/her as staff personnel at Grand Oaks. (Circle appropriate response.)

Pastor/Staff Signature _____ Date ____/____/____

Church _____ City _____ NGRBA _____ HBA _____

Why would you recommend this person as a Cabin Leader in Training for your camp?
