

HAITIAN FAMILY CAMP



Group Leader Acknowledgement

Church: _____ City: _____

Group Leader (Authorized Agent): _____ Tel: _____

The Haitian Family Camp exists to serve churches in their mission of making disciples. During camp, this best happens through a solid partnership with the local church to help create a meaningful and safe experience. The following responsibilities are asked and required from each attending group's leadership:

I am responsible for the spiritual guidance of all individuals in our group.

This includes, but is not limited to, advising students and adults concerning spiritual decisions in corporate gatherings, quiet time, church group time and other opportunities throughout the event.

I am responsible for discipline, supervision, and leadership of individuals in our group.

This includes, but is not limited to, in the dorms/lodging, during corporate gatherings, during scheduled events and throughout free time.

I understand that any damages incurred on campus due to the actions of members of our group will be the sole responsibility of that individual or their church/group.

I understand that all decisions regarding medical needs of individuals under my supervision are the sole responsibility of me and our adult leadership.

This includes, but is not limited to, decisions about medical/injury treatment, collecting and maintaining release forms, medical history or attendees' medical insurance information, transportation to medical facilities, if needed and communication with parents or guardians regarding any medical needs of attendees.

In the event of an accident or injury to a participant at the Haitian Family Camp, the camp staff and/or Lake Yale Baptist Conference Center will not make any recommendations or decisions regarding medical treatment or diagnose illness or injuries. Our staff may provide basic first aid but will never provide medication of any kind. All medical decisions are reserved for the authorized agent (group leader) of the church. You, personally and on behalf of the church, affirm that you possess a Release Form signed by each participant's parent or guardian. We strongly urge that medical attention be sought for any injury or sickness occurring during the Haitian Family Camp.

I am responsible for a child protection policy.

This would include conducting background checks (as described on the Statement of Compliance) and submitting a Statement of Compliance on all campers and adult leaders 18 years or older you bring as well as establishing guidelines and policies that ensure the safety of the students you bring to camp.

I understand that I am responsible for the arrival and departure of all my students. If parents are picking up a student early, they will make arrangements through me, and I will communicate with them regarding any attendee's departure from the Haitian Family Camp.

Signature: _____

Date: _____