



# Kids of Victory – Summer 2019

## Teen Ministry Team Sign-Up

To be a teen leader you must have completed the 7th grade or higher.

### West Location ONLY

Age: \_\_\_\_\_ Male Female Grade Completed Spring 2019: \_\_\_\_\_  
Circle

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(This is what will be printed on their t-shirt.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The school I attend: \_\_\_\_\_

The Church I attend: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Teen's Cell Phone #: \_\_\_\_\_

Include Area Code

Include Area Code

Session: June 24-28, 2019

Time: 8:45 a.m. – 4:15 p.m. Every Day

West Springs Church 501 Big Bend Road, Ballwin, MO 63021

#### Important Information For 2019!

Teens (9th-12th graders) will be allowed to work 1 week at the West location and 3 of the 4 weeks at the Crestwood location.

Teens (7th & 8th graders) will be allowed to work 1 week at the West location and 2 of the 4 weeks at the Crestwood location.

If a teen chooses to work at both locations, forms must be filled out for each location.

**Please Note:** Teen Leaders cannot be placed with Campers, except for medical reason.

I am interested in helping with special needs children: Yes No (Circle One)

T-Shirt Size: Adult S M L XL XXL (Circle One)

Cost: \$10 to cover the cost of shirt and field trips

KOV Years of Experience: Camper? \_\_\_\_\_ Years

Assistant Teen Leader? \_\_\_\_\_ years Main Teen Leader? \_\_\_\_\_ Years

My teen \_\_\_\_\_ has permission to participate in all Kids of Victory – 2019 events and field trips. I give my consent for my teen to be photographed as a part of KOV programming and non-profit promotions. In the event that my teen needs medical attention during Kids of Victory – 2019, I give permission for the Ministry Staff to administer medical treatment or admit to a hospital for emergency treatment. I further agree to hold harmless and release from liability Southgate Church and/or West Springs Church, its ministers, and anyone acting on behalf of KOV for any and all injuries sustained while at KOV.

I give my permission to administer over the counter medication  Yes  No

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mom's First & Last Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Dad's First & Last Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

#### **Emergency Contact Information: Please Print Plainly**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**Return this completed form to:  
Kids of Victory, 9820 East Watson Road, Crestwood, MO 63126**

**Include \$10 for your shirt**

**Make checks payable to: Southgate Church**

• **Teens of Victory Camp June 10-14, at Southgate**

• **West - Breakfast of Champions:**

**Saturday, June 22, 8:30am - 11:30am at West Springs Church**

• **Crestwood - Breakfast of Champions:**

**Saturday, July 6, 8:30am-12:00pm - In the Southgate Café**

**www.kidsofvictory.org and/or 'Like' us on facebook**