



# BIG SKY

## BIBLE CAMP

501 McCaffery Rd  
Bigfork, MT 59911  
(406)-837-4864  
www.bigskybiblecamp.org

### LIT APPLICATION

To apply for the LIT Program, please complete this form and return it to Big Sky Bible Camp. Your application will be reviewed by our staff and you will be contacted regarding acceptance via email (usually within one week). Your confirmation email will include an LIT Commitment Card. Please complete this card and bring it with you to registration.

#### LIT INFORMATION

Would you like to be added to the Big Sky Bible Camp mailing list?  No  Yes, physical mail  Yes, email

How did you hear about Big Sky? \_\_\_\_\_

LIT First Name: \_\_\_\_\_ LIT Last Name: \_\_\_\_\_  Male  Female

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (entering in the fall): \_\_\_\_\_ Parent Name: \_\_\_\_\_

Church (if you have one): \_\_\_\_\_ School: \_\_\_\_\_

Camper email: \_\_\_\_\_ Parent email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ LIT Phone (if applicable): \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

Please list two people *OTHER THAN THE PARENT* we can contact in the event that we are unable to get in touch with a parent.

Contact Name	Relationship to Camper	Phone Number

#### MEDICAL INFORMATION

Are all immunizations up to date?  Yes  No If no, please specify \_\_\_\_\_ Date of last Tetanus booster: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies (including food allergies): \_\_\_\_\_

Operations or serious injuries (including dates): \_\_\_\_\_

You will be working both in the kitchen and outside. Please list any special limitations or disabilities that may affect physical labor? \_\_\_\_\_

Medications: Please list any medications that you will bring to camp.

Medication Name	Reason / Diagnosis	Instructions

Medical Contact:

Name of family doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**PROGRAM SELECTION**

How many weeks would you like to serve this summer? \_\_\_\_\_

Please mark the weeks that you are available to serve this summer:

June 28-July 3 (3<sup>rd</sup> Junior)

July 12-17 (1<sup>st</sup> Junior)

July 19-24 (Man Week)

July 26-31 (2<sup>nd</sup> Junior)

August 2-7 (Jr. High Coed)

Aug 9-14 (All Girls Jr. High)

Note: You may be selected for up to 2 weeks, but please mark all weeks for which you are available and willing to serve.

**REFERENCE INFORMATION**

*Personal Reference: Please provide the following information for an adult (non-relative) who knows you well and can be contacted regarding your application.*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

*Pastoral Reference: Please provide the following information for a church leader/elder/pastor who knows you well and can be contacted regarding your application.*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**PERSONAL & DOCTRINAL QUESTIONNAIRE**

Do you use alcoholic beverages, drugs or tobacco? \_\_\_\_\_ If so, explain \_\_\_\_\_

Do you seek to please God in your relationships with the opposite sex? \_\_\_\_\_

Do you believe premarital and extra-marital sexual relationships are sinful? \_\_\_\_\_

Do you believe homosexuality is sinful? \_\_\_\_\_

Explain why you would like to serve as an L.I.T. this summer. \_\_\_\_\_

Explain briefly, the importance of Jesus' life, death and resurrection. \_\_\_\_\_

Have you trusted Jesus Christ as your Savior from sin? \_\_\_\_\_ At what age? \_\_\_\_\_

Explain how you came to know the Lord. \_\_\_\_\_

Is Jesus Christ presently Lord and Master of your life? \_\_\_\_\_

How has Christ changed your life and what does He mean to you personally? \_\_\_\_\_

RELEASE FORM

**\*\*THIS PAGE MUST BE SIGNED FOR ACCEPTANCE\*\***

- \* I grant Big Sky Bible Camp permission to use camp photographs and or video of my child for camp promotion and publicity.
- \* I give permission and consent for my child to be transported in a vehicle and/or boat with the understanding that the vehicle/vessel will be driven by a trained and qualified Big Sky Bible Camp staff member for the purpose of some camp activities.
- \* The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay, and realizing each camper is covered by a reputable insurance plan, releases forever Big Sky Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage (including all claims and liability for damage resulting from injuries received from bee or hornet stings and any other insect bites) which may be sustained by the undersigned and/or child of undersigned or property of the same at or in transit to or from any camp conducted activity or under the auspices of Big Sky Bible Camp.
- \* I understand that Big Sky Bible Camp only carries secondary insurance for L.I.T. participants and that I will take primary responsibility for any charges occurring in the event that the camper named above should need any medical attention at any clinic, facility or hospital.
- \* I hereby give permission for the release of pertinent medical information regarding my child to all appropriate Big Sky Bible Camp staff.
- \* IN CASE OF EMERGENCY, I hereby give permission to the medical staff selected by the camp to hospitalize, secure proper treatment for and to order injection or surgery for my child as named above.
- \*I understand that my child will not receive pay, but will work on a voluntary basis.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For applicant: I understand that upon my acceptance, I agree to abide by the camp's policies. If I have questions, I will contact my appropriate supervisor at camp.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***Please mail application to:***  
***Big Sky Bible Camp, 501 McCaffery Rd. Bigfork, MT 59911***  
***406-837-4864 \* [www.bigskybiblecamp.org](http://www.bigskybiblecamp.org)***