

# ENLIST 4 GOD Camper Application 2026

## August 1-5, 2026

Please attach a picture of yourself along with this application.

<p>Please send application to:</p> <p>Aaron Yutzy 209 E 3<sup>rd</sup> St. Arthur, IL 61911</p> <p>Or email to: <a href="mailto:contact@enlist4god.com">contact@enlist4god.com</a></p>	<p>We will confirm receipt of applications by after they are received Make sure your email address is written correctly.</p>	<p><b>Registration fees:</b></p> <p>Earlybird - (Before May 15): <b><u>\$150</u></b> Standard - (May 16 - June 30): <b><u>\$175</u></b> Late - (July 1 - July 25): <b><u>\$200</u></b></p>
--	--	--

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Tee-shirt size: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

What goals do you have in your participation in ENLIST?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please find a few people to commit to praying for you during this week (and list them here).  
\_\_\_\_\_  
\_\_\_\_\_

**If under 18** please have a parent fill out the section below.

Parent Name(s) \_\_\_\_\_

Would you commit to praying for your son during this week? \_\_\_\_\_

What goals do you have in your son's participation in ENLIST?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Medical Form

In case of an emergency, please contact: \_\_\_\_\_

at this number: Cell Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Date of last Tetanus or TDAAP vaccine: \_\_\_\_\_ *(recommended to be up-to-date)*

Do you have asthma? Diabetes? Epilepsy? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you take medications regularly? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have disabilities? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any critical dietary restrictions? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any heart conditions? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have phobias or fears? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you had any past injuries or surgeries? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Medical Insurance Coverage

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I authorize by signature that the information provided is truthful and correct. Furthermore, I give my consent to the Camp leaders or other medical personnel to treat me/my son in an emergency situation.

Signature of Applicant: \_\_\_\_\_

(if under 18) Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# About You

We'd like for you to write a little about you and your life (spiritual journey) before you come to ENLIST. Here are some questions we'd like to have you answer in an essay style with 75-100 words. Use a separate paper for your answers, corresponding each one with the same number as the question. Staple it to this page when you are done. Your answers will remain confidential, so please be honest.

1. What is your purpose in life and how do you feel like you are fulfilling that?
2. What does loving others like Jesus mean to you?
3. Describe your journey with God and how he makes your life worth living.
4. What are the things you count as blessings about your relationship with your Father and what are the ways that you wish your relationship was better?
5. What are the things you count as blessings about your relationship with your Mother and what are the ways that you wish your relationship was better?
6. How does social media/technology affect you in good and bad ways?
7. How do you as a young man, reflect the character of God?



**ENLIST 4 GOD MINISTRIES**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,  
AND INDEMNITY AGREEMENT**

**MINOR RELEASE: (Must be completed by Parent/Guardian for any participant under the age of 18)**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDICTION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_