

## Strategic Warriors At Training (SWAT) Boot Camp Application

### APPLICATION INFORMATION (For Review Purposes Only)

The following must accompany application:

- Pastoral/Spiritual Reference
- Health Questionnaire
- Registration Deposit (see cost breakdown on page 3 of application)
- Signed & dated 'Release of Liability (see last page)

**APPLICATION DUE DATE: 4 WEEKS PRIOR TO CAMP STARTING DATE**

<b>Applicant's Full Name:</b>		
<b>Student Status:</b>	<b>Date of Birth:</b>	
<b>Current Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Email:</b>		

### EMERGENCY INFORMATION

<b>Contact 1 - Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>

<b>Contact 2 - Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>

## PERSONAL INFORMATION

<b>Marital Status:</b>	<b># of Children:</b>
<b>Source of Income:</b>	<b>T-shirt Size:</b>
<b>Dietary Restrictions (i.e. vegetarian, gluten free, allergies, etc.):</b>	

## QUESTIONS

<b>1.</b>	<b>Have you ever been in the Armed Forces?</b>
<b>2.</b>	<b>Have you ever heard of the term, “buddy system”?</b>
<b>3.</b>	<b>Tribal/Native Affiliation (if any):</b>

## MENTAL INFORMATION

<b>1.</b>	<b>Do you have any present problems or difficulties mentally or emotionally that you are dealing with personally? (i.e. trauma, sickness, death, hardships, etc.) Please be very detailed and use another sheet and attach if needed.</b>
<b>2.</b>	<b>Do you have any problems with authority?</b>
<b>3.</b>	<b>Are you willing to work corporately?</b>

## QUESTIONS

1.	Do you have any problems which would prevent you from marching or standing? (If yes, please explain.)
2.	Do you have any physical conditions, mental illness, weakness or chronic diseases that could interfere with your performance at SWAT? (If yes, please explain.)

## MEDICAL INFORMATION

1.	Give a brief statement of the general condition of your health.
2.	Are you presently under a doctor's care or taking prescriptions of any kind? (If yes, please explain.)
3.	Do you have any drug allergies?
4.	Do you have any disability that would require special facilities? (If yes, please explain).
5.	<b><i><u>Have you been diagnosed with any medical illness, serious health condition, or major sickness in the last 5 years? This includes but not limited to: diabetes, seizures, respiratory problems, psychiatric care or heart problems. (IF YES, PLEASE USE ANOTHER SHEET TO EXPLAIN AND ATTACH IF NEEDED. PLEASE STATE THE NATURE AND LENGTH OR CONDITION OF ILLNESS, DATE OF OCCURRENCE, AND PERMANENT EFFECTS.)</u></i></b>

**SPIRITUAL INFORMATION**

1.	Church Affiliation:
2.	Calling, if known:
3.	Years of Christian Active Life:
4.	Other than praying for yourself, please list the number of years you have engaged in spiritual warfare, if any:
5.	Have you been mentored in spiritual warfare? If yes, by whom, when, and how many years?

**TUITION: \$650.00 PER WEEK**

**This includes lodging, all meals, and teaching materials.**

**\*\*A NON-REFUNDABLE DEPOSIT OF \$150.00 WILL ACCOMPANY YOUR APPLICATION\*\***

**SEND COMPLETED APPLICATION ALONG WITH PASTORAL LETTER OF RECOMMENDATION TO:**

**TWO RIVERS N.A.T.C. P. O. BOX # 97 BIXBY, OK 74008**

**ATTN: SWAT ADMINISTRATOR**

**REFUND SCHEDULE: 100% IF REQUESTED 4 WEEKS PRIOR TO START DATE, LESS THE NON-REFUNDABLE DEPOSIT.  
50% IF REQUESTED 3 WEEKS PRIOR TO START DATE, LESS THE NON-REFUNDABLE DEPOSIT.  
NO REFUND IF CANCELLATION IS LESS THAN 3 WEEKS PRIOR TO START DATE.**

**RELEASE OF LIABILITY**

I hereby acknowledge that this Release from Liability is taken by Two Rivers Native American Training Center in essential consideration for, and is being relied upon, as a condition of my participation in the Strategic Warriors At Training (SWAT) Boot Camp from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_, to be conducted at Two Rivers Native American Training Center, under the direction of Dr. Negiel Bigpond

I recognize that this will be a time of structured and concentrated training and practical engagement in prayer, intercession, and spiritual warfare; and that it is not recommended for those unprepared physically, spiritually, and mentally. I will be expected to discipline myself to stay under the schedule and rigors of the training, as outlined by those in charge. Unity of spirit and action are deemed a vital part of this training, and I commit to maintain that unity.

I acknowledge that Dr. Bigpond, Two Rivers Native American Training Center, Morning Star Evangelistic Center, and all those sponsoring, supporting, or associated with this Camp cannot or do not take any legal responsibility for me during my time at camp, or my travel to and from the camp. I assume full responsibility and waive for myself, and any who would claim through me, all claims or causes of action of any nature, arising out of or during this camp, now and forever, without limit.

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

**(Must be signed prior to acceptance of enrollment.)**

Administrative purposes only:

Received for the camp: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

By:
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