

Strategic Warriors At Training Boot Camp Application Information

APPLICANT INFORMATION

The following must accompany application:

- Pastoral/Spiritual Recommendation
- Registration Fee & Deposit
- Signed & dated Release of Liability (see last page)

Applicant's Full Name:	
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Student Status:		Date of Birth:	
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Current Address:	
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Home Phone:		Cell Phone:	
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Email:	
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EMERGENCY INFORMATION

Contact Name: Address:	
Phone:	

Contact Name: Address:	
Phone:	

PERSONAL INFORMATION

Marital Status:	Children:	T-Shirt Size:
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Source of Income:	
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QUESTIONS

1.	Have you ever been in the Armed Forces?	
2.	Have you ever heard the term, "buddy system"?	
3.	Tribal/Native Affiliation (if any):	

MENTAL INFORMATION

1	Do you have any present problems or difficulties mentally or emotionally that you are dealing with personally?
2	Do you have any problems with authority?
3	Are you willing to work corporately?

PHYSICAL INFORMATION

1	Special Dietary Needs or Food Allergies?
2	Do you have any problems which would prevent you from marching or standing ? Yes or No (if yes please explain)

MEDICAL INFORMATION

1	Give a brief statement of the general condition of your health.
2	Have you been diagnosed with any medical illness, serious health condition, or major sickness in the last five years? This includes but is not limmited to: diabetes, seizures, respiratory problems, psychiatric care or heart problems. Yes or No (if yes please state the nature and length or condition of illness, date of occurrence and permanent effects:)
3	Are you presently under a doctor's care or taking prescriptions of any kind? Yes or No (if yes please explain)
4	Do you have any physical conditions, mental illness, weakness or chronic diseases that could interfere with your performance at SWAT? Yes or No (if yes please explain)
5	Do you have any drug allergies?
6	Do you have any disability that would require special facilities? (if yes please explain)

SPIRITURAL INFORMATION

Church Affiliation:	
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1	Calling if known:
2	Years of Christian Active Life:
3	Other than praying for yourself, please list the number of years you have engaged in spiritual warfare, if any.
4	Have you been mentored in spiritual warfare?
5	Have you had any revelatory dreams or visions? Do you interpret these experiences?

TUITION:

Registration Fee: \$25 (non-refundable) to accompany application

Deposit: \$100 to accompany application

Week 1: \$650 (includes all meals and teaching materials)

Week 2: \$650 (includes all meals and teaching materials)

Note: There is a \$50 discount for student enrolled in both week 1 and 2

Refund schedule: 100% if requested 3 weeks prior to start date

50% if requested 2 weeks prior to start date

No refund if cancellation is less than 2 weeks prior to start date

RELEASE FROM 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 _____, (2015) to _____, (2015), to be conducted at Two Rivers Native American Training Center, under the direction of Dr. Jay Swallow and Dr. Negiel Bigpond.

I recognize that this will be a time of structured and concentrated training and practical engagement in prayer, intercession and spiritual encounter; 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 recognize that physical conditions will not be ideal, including but not limited to such things as residing in tents or other non-accommodating housing, (though dormitory housing is available) outside gatherings, long hours of training, meals served outdoors and simple in nature and selection.

I acknowledge that Two Rivers Native American Training Center, Dr. Swallow, Dr. Bigpond, Morning Star Evangelistic Center, and those sponsoring, supporting, associated with or assisting them with this Camp cannot or does not take any legal responsibility for me during this camp, coming to or departing from or after the camp. I assume full responsibility and waive, for myself and any who would claim through me, any and all claims or causes of action of my 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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