

Strategic Warriors At Training Boot Camp Application Information

APPLICANT INFORMATION

Applicant's Full Name:

Student Status: Date of Birth:

Current Address:

Home Phone: Cell Phone:

Email:

EMERGENCY INFORMATION

Contact Name:
Address:

Phone:

Contact Name:
Address:

Phone:

PERSONAL INFORMATION

Marital Status: Children: T-Shirt Size:

Source of Income:

Native Tribal Affiliation:

Medical Conditions (if any):

QUESTIONS

1.	Have you ever been in the Armed Forces?	
2.	Other than praying for yourself, please list the number of years you have engaged in spiritual warfare, if any.	
3.	Have you ever been mentored in spiritual warfare?	
4.	Do you have any present problems or difficulties that you are dealing with personally?	
5.	Are you willing to work corporately?	
6.	Do you have problems with authority?	
7.	Have you ever heard the term, "buddy system"?	
8.	Have you ever had revelatory dreams or visions? Do you interpret these experiences?	

SPIRITUAL INFORMATION

Church Affiliation:

Years of Christian Active Life:
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Calling if known:

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 _____, 2009 to _____, 2009, 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: _____