



YOUTH WITH A MISSION ST.CROIX

NIKO Registrar
4030 Diamond Ruby
Christiansted, VI 00820
340-778-7373
NIKO@ywamstcroix.org

Dear NIKO Participant,

(Please keep this page for reference)

"NIKO" is a Greek word pronounced, "nee-ko." It means, "to subdue, conquer, overcome, or prevail against."

In a NIKO you learn in the classroom of life by "doing" instead of simply absorbing dry information. This "hands-on" experience teaches you to grow in the interdependence of a team. Through the NIKO experiences you will begin to understand more about yourself and the gifts that God has given to you. You will begin to learn what motivates you, as well as your unique style of leadership. A high priority is placed upon teamwork and perseverance. You will be challenged to increase your initiative, creativity, compassion, responsibility, and confidence through serving others.

A NIKO will challenge you to discover your mental, physical, spiritual, and emotional strengths and weaknesses. Your relationship with God and others will be tested and/or proven through this experience and its physical challenges. You will learn to confront issues of leadership and personal identity. You will be required to face and overcome many obstacles that will be encountered in life's future decisions.

At a NIKO you will work with other young people towards a common goal. The support and inspiration of friends and compassionate Christian instructors will allow you to push past the limits you may have previously set for yourself, allowing you to draw nearer to God.

Please read through the enclosed packet carefully. Also, please complete and return all forms to the YWAM St.Croix. We can not process your application unless we have all the forms and information. Please double check to make everything is signed before turning it in.

Once you have been accepted we will give you a packing list. You need to bring all items listed, if you have questions about the packing list, please ask. Please contact us if you or your parents have any questions regarding the NIKO. Thank you.

In Christ,

YWAM St.Croix NIKO Staff

NIKO OBJECTIVES

"No, in all these things we are more than conquerors through Him who loved us." Romans 8:37

- A. Learn how to work creatively, effectively, and safely in a team environment
- B. Grow in decision making and problem solving skills
- C. Learn how to enjoy and respect the beauty of God's Creation
- D. Take responsibility for your actions and their sequential rewards or consequences
- E. Recognize and value yours and other's strengths and weaknesses
- F. Learn the value of encouragement
- G. Overcome self-imposed physical, mental, emotional, and spiritual obstacles
- H. Learn how to trust God and others
- I. Learn how to submit to leaders and also serve others as a leader

PREPARATION

The NIKO is a PHYSICAL program involving a variety of different levels of exercise; participants should be in good physical shape. Listed below are some sample exercises that will help you prepare for the NIKO (aerobic sports [running, soccer, etc.] are also encouraged). You should start slowly and work your way to a more intense workout as your muscles develop. Please do not bring new hiking boots, unless they are well broken in, as this will cause your feet to develop blisters when hiking.

- 1. Walking / Jogging
- 2. Crunches
- 3. Push-ups
- 4. Jump Rope



YOUTH WITH A MISSION ST.CROIX

NIKO Registrar
4030 Diamond Ruby
Christiansted, VI 00820
340-778-7373
NIKO@ywamstcroix.org

Starting date of the NIKO
you are applying for:

NIKO APPLICATION 2017

Section A: General Information

Full Legal Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email: _____ Gender: _____

Age : _____ Marital Status (Circle): SINGLE/ENGADGED/MARRIED/DIVORCED/WIDOWED

T-Shirt Size Youth: __8-10 __10-12 __14-16 Adult: __S __M __L __XL

EMERGENCY CONTACT: Name _____

Relationship _____

Phone () _____ () _____ () _____
Home Cellular phone Work

Section B: Personal Information

1. Describe your relationship with God. _____

2. If I could change something about your relationship with God, what would it be?

3. What is your main motive for doing NIKO? What are you hoping to get out of it?

4. Have you ever participated in a YWAM or King's Kids school/camp/outreach Before? YES/ NO
When & Where: _____

5. Do you consider yourself a leader? YES/NO Please Explain your answer: _____

6. How would you define a "team." _____

Section B: Personal Information cont.

7. List three of your strengths and three of your weaknesses.

Strengths

Weaknesses

8. Please give a short summary of your testimony. How you came to have a personal relationship with Jesus. _____

Parents must sign for participants under 18 years of Age (If you are over 18, sign where it says father)

CONSENT FOR TREATMENT

I/We authorize medical treatment and/or surgery and/or the use of anesthesia for our son/daughter, _____ in the case that, in the opinion of the Physician, it becomes necessary to intervene on their behalf. I/We, through this medium, authorize the leaders of King's Kids/Youth With A Mission of St.Croix, or the appropriate staff member of this organization to take any medical decision in representation of ourselves, with their best discretion, while my son/daughter participates in the activities of this King's Kids/NIKO training, a ministry of Youth With A Mission.

Printed Name

Father/Guardian Signature

____/____/____
Month Day Year

Printed Name

Mother/Guardian Signature

____/____/____
Month Day Year

CONSENT FOR DISCIPLINE

If my son/daughter _____ violates the standards of commitment of Youth With A Mission to the point of correction, if necessary, by means of discipline, I/We, through this medium, authorize the leadership and staff of King's Kids/Youth With A Mission to administer the discipline deemed appropriate. I/We authorize the leaders mentioned above to call us collect via telephone, to determine any other disciplinary steps that need to be taken. If no change is seen in response to the discipline, I/We authorize the leaders, as they see fit, to send my child home at my own expense, without reimbursing any of the camps cost.

Father/Guardian Signature
(With legal custody)

Mother/Guardian Signature
(With legal custody)

____/____/____
Month Day Year

CONSENT AGREEMENT & LIABILITY RELEASE

I/We grant the authority for my/our son/daughter _____ to participate in the King's Kids training sponsored by Youth With Mission. We understand that his/her participation is voluntary and that he/she has the good physical health necessary to participate in the activities and the intense schedule entailed in this camp. I relieve YWAM, it's officials, staff, assistants, and institutions of all legal responsibility which can result as a consequence of accidents, damage, injury, or loss that may occur to my son/daughter throughout the duration of their attendance or participation in this YWAM NIKO training. I/We do not hold YWAM STX. responsible for loss, theft, or damage of personal belongings in the accommodations provided by YWAM.

Father/Guardian Signature
(With legal custody)

Mother/Guardian Signature
(With legal custody)

____/____/____
Month Day Year

Section C: Medical Information

Blood type : _____ Weight: _____ Height : _____

Primary Physician: _____ Phone : _____

Primary Health Insurance: _____ Account Number: _____

Do you or have you had any of the following? (Mark with a X)

<input type="checkbox"/> Artificial Valves or defective Valves	<input type="checkbox"/> Wets self in bed
<input type="checkbox"/> Congenitive Heart Disease	<input type="checkbox"/> Skin eruptions
<input type="checkbox"/> Cardiovascular illness, Heart attacks	<input type="checkbox"/> Convultions
<input type="checkbox"/> Chest pains during excercise	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Hepatitis Type?: _____
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Allergies Explain : _____	<input type="checkbox"/> Stomach Ulcers
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Gastritis
<input type="checkbox"/> Problems with Kidneys	<input type="checkbox"/> Dizzy Spells
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Headaches	<input type="checkbox"/> Abdominal Pains
<input type="checkbox"/> Bruise easlily	<input type="checkbox"/> Special Diet Explain: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Get fatigue when excercise

Please answer Yes or No to the following questions. Answers will be strictly confidential.

- Are you in good health? YES/NO
- Are you under medical treatment? [] Yes [] No Explain: _____
- Do you exercise? YES/NO What type? : _____ Frequency: _____
- Are you taking any of the following medications? (please mark with a ☒)
 [] Antibiotics [] Tranquilizers [] Medicine for Blood Pressure [] Cortisone [] Aspirin
 [] Insulin [] Others : _____
- Are you allergic to any medications? List: _____
- Do you have any medical condition not mentioned that requires regular medical treatment?
 YES/NO Explain: _____

I certify that the information that I provided is correct and for my own benefit and that this information will be strictly confidential to be used by the Youth With A Mission staff. If I omit information or state information that is false I will not hold Youth With A Mission or its staff responsible for any damage or disciplinary action deemed necessary. Youth With A Mission reserves the right for admission or suspension if you do not meet these requirements.

Applicant Signature / Date

Parent/Guardian Signature / Date

Section E: Medical Exam: To be filled out by your doctor

_____ is applying for acceptance into

Applicants Name

Youth With A Mission, NIKO Camp; a "survival" camp with intense activities and hours that require good health. This evaluation would be taken into consideration for acceptance, due to the intensive activities. Please fill out the form below as well as anything that you deem applicable.

	Normal	Abnormal	Explain
Head			
Ears			
Nose			
Throat			
Neck			
Thorax			
Cardiovascular			
Lungs			
Abdomen			
Genito-Urinary			
Muscle-skeletal			
Neurological			
Skin			

1. Do he/she suffer from any contagious illness? _____

2. Are they taking Prescriptions? Which one? For what medical condition? _____

3. Does the applicant have any allergies? _____

4. Are they able to walk 8-11 miles daily? [] Yes [] No

5. Do you have any concerns about the applicants health? _____

6. Other comments: _____

Doctor's Name: _____ Lic.# _____ Date: _____

Doctor's signature and stamp _____

Doctor's address _____ Phone: _____

To-Bring List for NIKO

All campers are responsible to bring the following items. Bring only items on this list. If you bring additional items without permission, they will be confiscated, and not returned to you until the end of NIKO. Please mark all your items/clothing with your name.

Misc. Items:

- ☐ Duffle Bag or Hiking Backpack (EVERYTHING on the list must fit inside of it.)
- ☐ Empty Backpack (Basic school or day pack)
- ☐ Complete Bible, Pen, and Small notebook (protected from getting wet)
- ☐ Hairbrush, Toothbrush, Toothpaste, Deodorant
- ☐ Towel (compact)
- ☐ Plate, Bowl, Cup, Fork, Spoon, (all unbreakable)
- ☐ Water Bottle - Heavy Duty (32oz Minimum)
- ☐ Small Flash light (with additional batteries)
- ☐ Insect Repellent
- ☐ Sun block
- ☐ Rope (10-15 feet)
- ☐ Hat
- ☐ Sleeping Bag
- ☐ Wet wipes (Baby Wipes)
- ☐ Pocket knife (should be sharp and not stiletto, machete, switchblade or butterfly)
- ☐ Girls: sanitary pads/tampons (Even if you don't think you will need them)

Clothes:

- ☐ 1 Bandana or Handkerchief
- ☐ 1 Pair long pants suitable for walking (not tight because can cause irritation)
- ☐ 1 Pair of Fabric Pants (not skin tight)
- ☐ 1 Pair of shorts (for different uses, that dry fast)
- ☐ 1 Swimsuit (girls bring additional pair of shorts to wear over your one piece bathing suit)
- ☐ 5 Pairs of Socks
- ☐ 5 Pairs of underwear (Girls: three bras)
- ☐ 1 Long sleeve shirt
- ☐ 2 T Shirts
- ☐ 1 Light weight Jacket/Hoodie
- ☐ 1 belt
- ☐ 1 Pair of Hiking Shoes* (for walking and hiking)
- ☐ 1 Pair of old Tennis Shoes*

* Shoes in the Caribbean often fall apart when they are old or haven't been worn in a while due to the glue separating from the shoes. PLEASE check your shoes very carefully before coming! Try and pull the soles off, check for separating seams. Repair with Gorilla Glue if needed.

The allowed clothes consists specifically the items listed above. Once you arrive to YWAM you will change into clothes from your duffel bag and leave what you are wearing at the YWAM base.

Optional Items:

- ☐ 1 Pair of Work Gloves
- ☐ Sunglasses
- ☐ Chapstick
- ☐ 1 pair of water shoes/sandals

Observations:

It is very important that you limit what you bring to the items on this list. Remember all your items must fit in your duffel bag. You will be carrying it. You may not use suitcases. Because we will be walking a lot, it is important that you wear comfortable pants and shoes. Try not to buy items, try to use what you have access to. There is no point in incurring unnecessary expenses.