

CAMPER REGISTRATION FORM

(PLEASE PRINT)

Camp Dates: May 30-June 3, 2016 • Camp Cost: \$150.00 per camper. This form due by April 17, 2016.

NAME _____ AGE _____

PARENTS' NAMES: _____

IF DIVORCED CUSTODY IS HELD BY _____

ADDRESS OF CHILD _____

CITY _____ STATE _____ ZIP _____

H. PHONE (____) _____ MOM'S WORK (____) _____ DAD'S WORK (____) _____

MOM'S CELL (____) _____ DAD'S CELL(____) _____ EMAIL _____

CHURCH ATTENDING CAMP WITH: **FIRST SOUTHERN BAPTIST CHURCH, GARDEN CITY**

PASTOR: **Randy Caddell, Interim**

CHILDREN'S MINISTER: **PAULA DANFORTH**

IF UNABLE TO REACH CAMPERS' PARENTS, PLEASE NOTIFY

NAME _____ RELATIONSHIP _____

H. PHONE _____ WORK _____ CELL _____

DO YOU WANT TO GO ON THE BLOB? (Water Inflatable) YES NO

DO YOU HAVE SPECIAL NEEDS? YES NO

EXPLAIN IN DETAIL ANY SPECIAL NEEDS (Use the back if necessary) _____

MALE _____ FEMALE _____ GRADE COMPLETED 3rd _____ 4th _____ 5th _____ 6th _____

T-Shirt Size:

___Adult Small ___Adult Medium ___Adult Large ___Adult X-Large ___A.2X-Large ___A. 3-XLarge

Please return all registration forms and fees by April 17, 2016. Mail to Paula Danforth at FSBC, 2708 N. Third ST., Garden City, KS, 67846, Please fill out one registration and medical release form for each camper attending.

***Kid's Camp will be videotaping and photographing this event. You will most likely, be filmed, recorded or photographed as part of a group or individually. By your attendance, you are granting permission to be videotaped or photographed and agree to the following: being recorded, filmed, videotaped or photographed by any means; any use of your likeness, voice, and words without compensation: specifically waving all rights of privacy during videotaping, filming, recording, or photographing and release WKBA/CBA from liability for loss, damage, or compensation for the use of your likeness, image, voice or wards; compliance with all rules and regulations of WKBA/CBA for this event.

I have read this waiver: _____

Parent Signature

Date

WEBSTER CONFERENCE CENTER, INC.
CHALLENGE COURSE AGREEMENT
Agreement to Participate, Assumption of Risk and Release of Liability

(PLEASE NOTE: This is a Two-Sided Form. Please do not make changes to this form.)

Whereas, I the undersigned wish to participate on the Challenge Course of Webster Conference Center of Salina, Kansas, I acknowledge that during the activities in which I will participate, there will be a certain amount of risks and danger. These include, but are not limited to, depending on other people and being at various heights (ground to 35'), and accidents. I recognize that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity. My health form is current and accurate, and I understand it is solely my responsibility to determine where there is any medical reason that I should not participate. I also state that I am not under the influence of any chemical substance, including alcohol.


I have and do hereby assume all the above risks and any other ordinary risk incidental to the activity that are not specifically foreseeable, and will hold Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss. In short, I will not sue Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates. This is binding on me, my executors, heirs and next of kin, successors and assigns, or anyone else who might sue or claim on my behalf. I also understand that my physical activity involves risk of injury, and I have entered into this activity voluntarily and take full responsibility for my decision to participate or not to participate and I agree to follow all safety instructions.

Name of Participant: *(Please Print)* _____ Date: _____

Address _____

City/State/Zip _____

Birthdate ___/___/___ Age ___ City, Church Name Garden City, First Southern Baptist Church

 Signature of Participant: _____

 Approval Signature of Parent/Guardian if Participant is under 18:

Guardian's Address _____

(If different from above)

City/State/Zip _____

Employed by _____ Daytime Phone (____) _____

Evening/Night Phone (____) _____ Cell Phone (____) _____

Name of Physician: _____ City _____ State _____

Physician's Phone Number (____) _____

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, and any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such parties unless and until actual notice or knowledge of such revocation or termination shall have been received by such parties, and I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such parties from and against any and all claims that may arise against such parties by reason of such parties having relied on the provisions of this instrument.

Continue on Back! /Notary required if participant is under 18 yrs. old —



Name of Participant: *(Please Print)* _____

MEDICAL INFORMATION

- Do you frequently suffer from pains in your chest? YES NO
- Do you often feel faint or have spells of severe dizziness? YES NO
- Has a doctor ever told you that you have high blood pressure? YES NO
- Are you currently sick and/or using a medication not listed elsewhere on this form? YES NO
- Have you had any operations or serious injuries in the last three months? YES NO
- Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO
- Are you currently taking medicine or treatment? YES NO

If yes, explain _____

Have you been restricted from sports or swimming for any reason? YES NO

If yes, explain _____

Date of last Tetanus shot: _____ Date of last physical exam _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite? YES NO

If yes, explain _____

Do you have:

- Sinus Trouble
- Hay Fever
- Heart Trouble
- Epilepsy
- Asthma
- Diabetes
- Communicable diseases? If yes, please explain _____

List any Allergies:

Food _____

Drugs _____

Other Medical Needs: _____

EMERGENCY MEDICAL AUTHORIZATION

Event: CBA KID'S CAMP & CHALLENGE COURSE AT WEBSTER CONFERENCE CENTER

In the event of an emergency, I hereby give permission to any Webster Conference Center staff person, or their designee, who is present at the above mentioned event to obtain medical assistance. I also give permission to the Physician selected to hospitalize and secure proper treatment.

Sign in front of notary

Parent/Guardian Signature _____

Insurance Company _____

Mailing Address to Submit Claims: _____

City: State: Zip: _____

Policy Number _____

If I cannot be reached, please notify _____

() _____ or () _____ or () _____
(HOME) (WORK) (CELL)

State of Kansas County of _____ Signed or attested before me on _____ by _____
(Seal, if any)

Signature of notarial officer

My appointment expires



What makes you so cool?

To be filled out by the camper!! Your parents can help but don't let them fill this out without you!...no telling what they'll write about you!! :)

My real name is _____

But I like to be called (nick name?) _____

I am _____ years old. I just finished _____ grade. I have _____ sisters and _____ brothers and _____ pets.

I go to church at _____ I go to school at _____

I live with my _____

I've been to camp this many times _____! I want to go to camp because _____

My best friends are: _____

My favorite things to do with them are _____

My favorite food is _____ favorite snack _____ drink _____

If you've been to camp before, what was your favorite part? _____

If you've been to camp before, what was the worst part? _____

What are you looking forward to at camp? _____

Have you asked Jesus to be your Lord and Savior? _____ Have you been baptized? _____

Do you hope to grow closer to Jesus at camp? _____ Why? _____

Would you like Jesus to help you do better at some things? What would they be? (anger, lying, respect, patience, etc)? _____

Is there anything that worries you about going to camp? _____

Your camp leaders would like to pray for you while you are getting ready to go to camp. What would you like us to pray for? _____



For Parents
Getting to know your child....

As sponsors, we desire to see each child experience Jesus in a deeper way at camp. Camp provides unique opportunities for your child to be challenged and stretched in new and exciting ways! We all want camp to be a positive experience. Each child is very unique! What should we know about your child so that we may be equipped to support them in this camp experience? (i.e., unique personality traits, strengths, insecurities, struggles, fears, behavior challenges, sleep habits, family situations, etc.) Please know any information you provide is greatly appreciated and will be respected and kept confidential.

Child's Name

Parent's/Guardian's Name
