

CAMPER REGISTRATION FORM

(PLEASE PRINT CLEARLY)

Camp Dates: June 4-8, 2018 • Camp Cost: \$165.00 per camper

Forms & \$85 deposit due by April 18, 2018.

NAME _____ AGE _____ GENDER _____

PARENTS' NAMES: _____

If divorced, custodial parent is: _____

CHILD' MAIN ADDRESS _____

CITY _____ STATE _____ ZIP _____

H. PHONE (____) _____ MOM'S Cell (____) _____ DAD'S CELL (____) _____

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

Grade Completed _____ Shirt Size _____ (Youth or Adult sizes)

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

PASTOR: **JOHN HARMS**

CHILDREN'S MINISTER: **PAULA DANFORTH**

You may sign up for one or all of the following classes that will take place during open rec.

____singing class ____drama class ____signing to a song

EMERGENCY CONTACT INFORMATION-If unable to reach camper's parents, please notify:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

Does camper have any special needs that we need to know? _____

Explain _____

Please return all registration forms and fees by April 18, 2018. Mail to Paula Danforth at FSBC, 2708 N. Third St., Garden City, KS, 67846. Please fill out one registration pack and medical release form for each camper attending.

***Cross Seekers 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.

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.

Please Print!

Name of Camper/Participant: _____ Date: _____

Address _____

City/State/Zip _____

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

child Must
Sign!



Signature of Camper/Participant: _____

Parent
must sign!



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: WKBA CROSS SEEKERS CHILDREN'S CAMP

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.

Insurance Company _____

Mailing Address to Submit Claims: _____

City: State: Zip: _____

Policy Number _____

If I cannot be reached, please notify _____

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

Attention!! Must be signed in front of a notary!!

Parent/Guardian Signature _____

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? _____

Would you like Jesus to help you do better at some things? (anger, respect, kindness, patience, self control, lying?) _____

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
