



Falls Creek Youth Camp Adult Background Check Statement of Compliance:



This form is turned in upon arrival at
Falls Creek Youth Camp on-site registration.

The volunteering adult sponsors named below are known to the staff or recognized leadership of the participating church and the church knows of no reason why any should not serve as a sponsor for children and youth under the age of eighteen (18). The participating church warrants that it has used _____ to perform nationwide criminal

(NAME OF COMPANY)

background, check of the National Registry of Sex Offenders, a state/county criminal check, and a Social Security trace/verification on all adult sponsors. The participating church warrants it has run these checks within the last 18 months (from date of camp) and further verifies that it has brought no adult sponsor not listed on this form.

The church acknowledges that it is responsible for the selection and supervision of adult sponsors and further warrants that it has exercised due diligence in the selection of adult sponsors.

None of the adult sponsors have a red flag offense listed on their check. We have submitted all Yellow Flag Offense Acknowledgment Forms to the Baptist General Convention of Oklahoma ("Oklahoma Baptists") as applicable.

Furthermore, in consideration of being allowed to attend Falls Creek Youth Camp, the church hereby agrees to indemnify and hold harmless the Oklahoma Baptists, their agents or employees, against any and all causes of action, rights, claims or suit which may be against the Oklahoma Baptists, or their agents or employees as a result of the church's negligence in the selection and/or supervision of adult sponsors.

Names of all adult sponsors (alphabetized):

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Church Name: _____ Phone #: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Group Leader Signature Name Printed Date

Falls Creek Youth Camp 2021 Adult Release and Waiver of Claims Form

Adult Name: _____

Host Church: _____ Cabin: _____

Name: _____ Date of Birth: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (_____) _____ Cell or Work Phone: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

1. Do you have any known allergies or are you unable to take any medication? **Yes No** (Please circle one.) If yes, what? _____

2. Do you presently take any medications regularly? **Yes No** (Please circle one.)
If yes, what medications? _____ For what reason? _____

3. Please List any other medical condition(s) that would be helpful to know: _____

4. Date of last tetanus immunization: _____

5. The above named adult has current medical insurance coverage through:

Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

6. Does your insurance company require notification prior to emergency health care at a hospital? **Yes No** (Please circle one.)

If yes, Phone Number: (_____) _____

It is your responsibility to obtain insurance permission for treatment.

I, _____ will be attending Falls Creek Youth Camp during the summer session, 2020. Falls Creek Conference Centers are managed and operated by the Baptist General Convention of Oklahoma ("Oklahoma Baptists"). In the event that I should need emergency medical care or attention, the Host Church leadership, Oklahoma Baptists or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to me as is recommended or suggested by a physician, nurse, surgeon, or other health care professional.

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or Oklahoma Baptists will not be obligated to pay either the health care professional or me for any medical expenses incurred.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor Oklahoma Baptists is responsible for the action of these third party contractors. I further agree that neither the Host Church nor Oklahoma Baptists are liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my participation in or observation of such recreational activity.

Furthermore, in consideration of being allowed to attend Falls Creek Youth Camp, I hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the Oklahoma Baptists, their agents or employees, against any and all causes of action, rights, claims or suits which I may have against the Host Church, Oklahoma Baptists, or their agents or employees as a result of injury to me, including, but not limited to: (1) injuries arising from participation in or observation of recreational activities at Falls Creek Youth Camp, and (2) injuries arising from the decision of the leadership of the Host Church, Oklahoma Baptists, or any of their agents or employees to consent to the provision of emergency medical care to me.

I understand that my image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the Host Church, Oklahoma Baptists, and any of their staff or agents to inspect my belongings while at Falls Creek Youth Camp.

I have read and agree to the Falls Creek Youth Camp Code of Conduct and Dress Code and will abide by them.

Signature: _____ **Date:** _____

Must be 18 years old or older to sign this form. Every adult attending Falls Creek Youth Camp must complete this Release Form and turn it in on the first day of camp during registration.

Church: _____

Falls Creek Youth Camp 2021 Church Contact Sheet

Attach this sheet to your Falls Creek Youth Camp registration and bring with you to on-site registration on Monday of your camp week.

Church Name: _____ City: _____

Please Circle One: OKLAHOMA BAPTISTS NON-AFFILIATED

Church Sales Tax Exempt Number: _____

Week attending: 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 *(Please circle one.)*

Church Address: _____ Church Phone: (____) _____

City: _____ State: _____ Zip: _____

On Grounds Contact Person: _____ Cell Phone: (____) _____

Cabin (name and number): _____

On-site Registration Check List:

- _____ 1. Online Registration Complete
- _____ 2. Adult Background Check Compliance Form completed in full
- _____ 3. Student Background Check Compliance Form completed in full
- _____ 4. All (adult and student) Background Check Reports - separated into folders alphabetically
- _____ 5. All Release Forms completed including medical information, and signatures (student & parent)
- _____ 6. All Release Forms alphabetized and merged (student forms with sponsor forms)
- _____ 7. Church Contact Sheet completed in full
- _____ 8. Total Payment (cash or check only)/ Checks made payable to Oklahoma Baptists

I verify that all forms have been checked for accuracy and are complete, and that I have the above check list items. I also verify I have reviewed and understand the 5 elements of participation, the code of conduct, and the dress code and agree to insure my group abides by them.

Furthermore, in consideration of being allowed to attend Falls Creek Youth Camp, _____ (name of church) hereby waives and agrees to indemnify and hold harmless the Baptist General Convention of Oklahoma ("Oklahoma Baptists"), their agents or employees, against any and all causes of action, rights, claims or suits which a Sponsor, Camper, or other Guest from the above named church may have against Oklahoma Baptists, or their agents or employees as a result of injury to any guest, Sponsor, or Camper attending Falls Creek Youth Camp, including, but not limited to: (1) injuries arising from participation in or observation of recreational activities at Falls Creek Youth Camp, (2) injuries arising from the negligent or intentional conduct of any Guest, Sponsor, or Camper from the above named Church, and (3) injuries arising from the decision of the leadership of the Church, the Oklahoma Baptists, or any of their agents or employees to consent to the provision of emergency medical care to me.

Group Leader Printed Name

Group Leader Signature

Date



Falls Creek Youth Camp Student Background Check Statement of Compliance:



This form is turned in upon arrival at
Falls Creek Youth Camp on-site registration.

The students (18 years of age and older) named below are known to the staff or recognized leadership of the participating church and the church knows of no reason why any should not attend Falls Creek Youth Camp with students under the age of eighteen (18). The participating church warrants that it has used _____ to perform nationwide criminal background, check of the National Registry of Sex Offenders, a state/county criminal check, and a Social Security trace/verification on all students (18 years of age or older). The participating church warrants it has run these checks within the last 18 months (from date of camp) and further verifies that it has brought no students (18 years of age and older) not listed on this form.

The church acknowledges that it is responsible for supervision of students and further warrants that it will exercise due diligence in the supervision of students, including those age 18 and older.

Furthermore, in consideration of being allowed to attend Falls Creek Youth Camp, the church hereby agrees to indemnify and hold harmless the Oklahoma Baptists, their agents or employees, against any and all causes of action, rights, claims or suit which may be against the Oklahoma Baptists, or their agents or employees as a result of the church's negligence in the selection and/or supervision of adult sponsors.

Names of all students 18 years of age and older (alphabetized):

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Church Name: _____ Phone #: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Group Leader Signature

Name Printed

Date

Falls Creek Youth Camp 2021 **Student Release and Waiver of Claims Form (1 of 2)**

Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

Host Church: _____ Cabin: _____

Camper Name: _____ Date of Birth: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Student E-mail: _____ Grade This Fall: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (_____) _____ Cell or Work Phone: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

1. Does camper have any known allergies or is camper unable to take any medication? **Yes No** (Please circle one.) If yes, what? _____

2. Does camper presently take any medications regularly? **Yes No** (Please circle one.)

If yes, what medications? _____ For what reason? _____

3. Please List any other medical condition(s) that would be helpful to know: _____

4. Date of last tetanus immunization: _____

5. The above named child has current medical insurance coverage through:

Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: (_____) _____

7. Will a parent of the Camper attend Falls Creek during the same period of time as the Camper? **Yes No** (Please circle one.)

If yes, name of parent: _____

Please continue to the back or adjoining page. All forms MUST be fully completed.

Student Name: _____

Age by end of camp week: _____

Church: _____



Parents:

Your child is required to abide by the Falls Creek Youth Camp dress code and code of conduct while at camp.

As a means of acknowledging and agreeing to this, the student's signature is required on the second page of this form.

Falls Creek Youth Camp 2021 Student Release and Waiver of Claims Form (2 of 2)

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child, _____ will be attending Falls Creek Youth Camp during the summer session, 2021. Falls Creek Conference Centers are managed and operated by the Baptist General Convention of Oklahoma ("Oklahoma Baptists"). In the event that my child should need emergency medical care or attention, the Host Church leadership, Oklahoma Baptists or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional.

- If such emergency care is provided, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or Oklahoma Baptists will not be obligated to pay either the health care professional or me for any medical expenses incurred.
- There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor Oklahoma Baptists is responsible for the action of these third party contractors. I further agree that neither the Host Church nor Oklahoma Baptists is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.
- I understand that the risk of injury from recreational activity is significant, including but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.
- Furthermore, in consideration of my child being allowed to attend Falls Creek Youth Camp, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, Oklahoma Baptists, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, Oklahoma Baptists, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at Falls Creek Youth Camp, and (2) injuries arising from the decision of the leadership of the Host Church, Oklahoma Baptists, or any of their agents or employees to consent to the provision of emergency medical care to my child.
- I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.
- I give authority and permission to the Host Church, Oklahoma Baptists, and any of their staff or agents to inspect my child's belongings while at Falls Creek Youth Camp.
- I understand that Falls Creek Youth Camp is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.
- I have received and read the Parent Information about Falls Creek Youth Camp including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information. I have read the Falls Creek Youth Camp Code of Conduct and Dress Code, and I have discussed the Code of Conduct and dress code with my child.

Parent Signature: _____ Relationship to child: _____ Date: _____

All students attending Falls Creek Youth Camp must have a parent or guardian complete and sign this release form. This form must be turned in to the Falls Creek Youth Camp staff during registration on the first day of camp.

I have read and agree to the Falls Creek Youth Camp Code of Conduct and Dress Code and will abide by them.

Student Signature: _____ Date: _____

OBU & Oklahoma Baptists Information Form - The following portion of this document is to be removed from the above by Falls Creek Youth Camp and used by OBU for prize drawings at the end of the week. It is not a required part of this form.

Student's First Name										Student's Last Name										MALE		FEMALE		Grade Just Completed	
Mailing Address																				Please Circle One					
City																				Date of Birth (mm/dd/yy)					
Phone Number (including area code)										Student's Email Address										State		Zip code			



Falls Creek Youth Camp 2021 Background Check



YELLOW FLAG OFFENSE ACKNOWLEDGMENT FORM

(This form is turned in upon arrival at Falls Creek Youth Camp on-site registration.)

By adding the name of any group leader or sponsor to this document, _____
(CHURCH NAME)
_____ acknowledges that they are aware of the felony or misdemeanor offenses
on the individual's background check report. _____
(CHURCH NAME) further
acknowledges their responsibility and accountability for the individual and has deemed
them suitable to serve as a sponsor or group leader at Falls Creek Youth Camp.

Individual with Yellow Flag Offense(s) _____

Church Name: _____ Phone #: _____

Address: _____ City: _____

State: _____ Zip: _____

Group Leader Printed Name

Group Leader Signature

Date

An individual may not sign off on their own Yellow Flag Offense form. If necessary have pastor or church leadership sign below.

Pastor/Church Leadership Printed Name

Signature

Date

The Baptist General Convention of Oklahoma ("Oklahoma Baptists") reserves the right to deny admittance to Falls Creek Conference Centers to any individual with a Yellow Flag Offense on their background check.