

<b>FOR OFFICE USE</b>
Rm. # _____
School _____

# 2017 Super Summer Student Registration Form

Please print legibly (circle the name you normally go by)

**Student Personal Information**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Student Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Gender:  Male  Female Grade Fall 2017: \_\_\_\_\_

Week Attending:  1  2  3  
 Check which school you will attend below:  
 Red (students entering Grade 8 Fall 2017)  
 Blue (students entering Grade 9 Fall 2017)  
 Orange (students entering Grade 10 Fall 2017)  
 Yellow (students entering Grade 11 Fall 2017)  
 Green (students entering Grade 12 Fall 2017)  
 Silver (high school graduates in 2017)  
 Have you ever attended Super Summer?  Yes  No  
 T-Shirt Size  S  M  L  XL  2X  Other \_\_\_\_\_

**Church Information**

Church attending with: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

**Medical Information**

If you do not have medical insurance check here   
 Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 (staple a copy of your insurance card front & back)  
 Date of birth: \_\_\_\_\_  
 Date of last tetanus: \_\_\_\_\_  
 Physical Limitations: (diabetes, migraines, asthma)  
 \_\_\_\_\_  
 Medications allergic to: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

\*Special Accommodations:  Yes  No  
 \*If yes, email Ronda: ronda@supersummerok.com

**Waiver and Release of Liability**

The following is a WAIVER AND RELEASE OF LIABILITY which releases Super Summer and it's affiliates, associates, officers, employees, agents, servants, directors, volunteers, representatives, sponsors and any others (hereinafter Releasees) who may or could be liable for any claims, losses, liability, fault, damage, injury to person or property, medical bills or any other loss or claim which the undersigned have or could have as a result of any alleged incident, claim, negligence, act and/or omission of any kind or character. The undersigned forever discharges, releases and holds harmless Super Summer, it's affiliates, associates, officers, employees, agents, servants, directors, volunteers, representatives and sponsors from any allegations of any kind, including, but not limited to, negligence, breach of duty of claims in regard to the undersigned and any and all persons who the undersigned represent regarding attendance at any Super Summer Camp of activity.

The undersigned agrees to hold harmless, indemnify and defend Releasees from claim, damage, injury, loss or suit, including any claims by third parties and agree to indemnify Releasees for any loss or liability arising out of any Super Summer Camp or activity, even if Super Summer, it's agents, servants, employers are negligent or alleged to be negligent.

Parent/Guardian or Student if 18 \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Circle School Red Blue Orange Yellow Green Silver

Student Name: \_\_\_\_\_ Church: \_\_\_\_\_ Super Summer School Color: \_\_\_\_\_

### SUPER SUMMER OKLAHOMA STUDENT INTERVIEW

Every student desiring to attend Super Summer Oklahoma must be personally interviewed by their Minister of Youth or Leader of his/her youth group. This interview is a part of the Registration. You will need to attach this completed Interview with your Registration Form.

1. Have you ever accepted Jesus Christ as your personal Lord and Savior?  Yes  No  
Please write your journey with Christ in the space below. Use the following outline below:

Describe how you came to Christ. Be Clear

Describe how this has impacted your life. Be specific.

A. Provide an accurate description of your walk with Christ at this time. Be honest.

2. Attendance and active participation in your church and its total youth program is extremely important in the standards expected by Super Summer. Fill in the bubble which accurately describes your attendance in the following.

	Weekly	Often	Seldom	Never
Small Groups/Discipleship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church Worship Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mid-week Bible Studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Camps, Retreats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: (mission opportunities etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please write a sentence to give us your prayer and/or vision for each group listed below.

Your youth group?

Your family?

Your friends outside your youth group?

4. Check the appropriate box for the following:
- |   |   |
|---|---|
| A. Moral Purity is:                               | B. Drugs/Alcohol is:                              |
| <input type="checkbox"/> 1. A Struggle/Stronghold | <input type="checkbox"/> 1. A Struggle/Stronghold |
| <input type="checkbox"/> 2. A Victory/Testimony   | <input type="checkbox"/> 2. A Victory/Testimony   |
| <input type="checkbox"/> 3. Never Been an Issue   | <input type="checkbox"/> 3. Never Been an Issue   |
| C. Tobacco is:                                    | D. Self Worth is:                                 |
| <input type="checkbox"/> 1. A Struggle/Stronghold | <input type="checkbox"/> 1. A Struggle/Stronghold |
| <input type="checkbox"/> 2. A Victory/Testimony   | <input type="checkbox"/> 2. A Victory/Testimony   |
| <input type="checkbox"/> 3. Never Been an Issue   | <input type="checkbox"/> 3. Never Been an Issue   |
5. Activities you do daily, or with some degree of regularity:
- Read my Bible
  - Have a daily intimate time with Christ
  - Memorize Scripture
  - Prayer Life
6. Witnessing to the lost is very important to Super Summer. Briefly and specifically describe your most recent witnessing encounter.
7. If you attended Super Summer last year, specifically explain how you applied what you learned when you returned home.  Check here if you did not attend last year.
8. Any other questions or issues that you would like to discuss with your Youth Pastor/leader.

**My Contract with Super Summer Oklahoma**

I am a dedicated Christian and sign this contract with Super Summer Oklahoma and the Lord Jesus Christ promising to support and uphold all rules and regulations set forth for Super Summer. I will attend all school sessions, be on time, participate in every activity planned by Super Summer Officials, be in my dorm by curfew each night, and conduct myself in a Christ-like manner in every way. I desire God to speak to me and to others during Super Summer.

**BY SIGNING MY NAME, I AGREE TO WILLINGLY ABIDE BY THE RULES, GUIDELINES, AND SCHEDULES SET FORTH BY SUPER SUMMER OKLAHOMA AND ITS LEADERSHIP STAFF.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Youth Pastor or Group Leader

\_\_\_\_\_  
Church/City

\_\_\_\_\_  
Grade (Fall 2016)

Name \_\_\_\_\_

Church \_\_\_\_\_

Date of birth \_\_\_\_\_

Last Name

First Name

Church

### ***Student Health History***

#### **Medical Release Information**

Allergies: (Food, Insect, Seasonal, Environmental or Medications)

\_\_\_\_\_  
\_\_\_\_\_

Does the student take medications regularly? If so, please list:

Medication	Dosage	How often (Example: once daily)	Reason for taking

Please list any medication conditions that would be helpful to know:

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_ Immunizations Current?  Yes  No

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

#### **Over-the-Counter Medications**

I **do** authorize Super Summer Oklahoma nursing staff to assess and provide treatment for health related problems, minor illnesses/injuries. This may include, but not limited to over-the-counter medications such as: Tylenol, Ibuprofen/Advil, Antacids (Tums), Antihistamines (Claritin) etc.

\_\_\_\_\_  
Signature of guardian (consent for treatment) \_\_\_\_\_  
Date

I **DO NOT** authorize Super Summer Oklahoma nursing staff to provide treatment/administer over-the-counter medications to my child for minor health related problems.

\_\_\_\_\_  
Signature of guardian (refusal of treatment) \_\_\_\_\_  
Date

#### **Wavier and Release of Liability**

## **SILVER SCHOOL STUDENT INTERVIEW INFORMATION**

Super Summer has seen the positive, outreaching results of Silver School students making connections as they enter their first year of adulthood. In helping to establish a supporting network, Super Summer is gathering the following information from attending Silver School Students.

Name \_\_\_\_\_

Church Name \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_

Social Networks:  FaceBook  Twitter  Other \_\_\_\_\_

Plans after high school:

Higher Education: College Name \_\_\_\_\_

Vo-Tech/Trade School: Institution Name \_\_\_\_\_

Workforce

Military: What Branch? \_\_\_\_\_

My greatest fear for this next year is:

My greatest excitement for this next year is:



**First Baptist Church of Newcastle  
LIABILITY RELEASE FORM**

In consideration of being accepted by First Baptist Church of Newcastle, Oklahoma for participation in all activities, events or trips to be held, we (I), being 18 years of age or older, for ourselves and on behalf of the child-participant (as named below) do hereby release, forever discharge and agree to hold harmless First Baptist Church of Newcastle, its staff, employees, leaders, directors, volunteers and any other agents (hereinafter called "agents") from any and all liability, claims or demands for personal injury, sickness or deaths, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child is participating in any church activity, event or trip, irregardless of the location(s) of such activity, event or trip.

**Assumption of Risk**

Furthermore, we(I) assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all aspects of the above referenced activity/event for ourselves and on behalf of the child-participant. Such risks may include exposure to other participants who are ill or have special medical conditions.

**Permission to Participate**

Further, we (I) are the parent(s) or legal guardian(s) of this participant, and grant our (my) permission for him/her to participate fully in all First Baptist Church activities, events or trips. First Baptist Church of Newcastle or its agents is authorized to furnish any necessary transportation, food and lodging for this participant.

**Indemnification**

The undersigned agrees to hold harmless and indemnify First Baptist Church of Newcastle and its agents for any liability and related expenses sustained by said Church as the result of the negligent, willful or intentional acts of said participant.

**Medical Treatment Authorization**

Permission is granted to take said participant to a doctor or hospital if needed. We (I) authorize medical treatment, including but not limited to, emergency surgery, and assume the responsibility of all medical bills, if any.

**Unplanned Transportation Costs**

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all transportation costs as appropriate, to fully indemnify and/or reimburse First Baptist Church of Newcastle, Oklahoma or its agents.

**Photo/Audio/Web Release**

Further, we (I) consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child-participant during their participation in any activity, event or trip to be used, distributed, or shown as said Church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers.

Name of Participant (Child's Name): \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/ Guardian (print)

\_\_\_\_\_  
Signature of Parent/Guardian

**Emergency Contact Information:**

\_\_\_\_\_  
Emergency Contact                      Relationship                      Medical Insurance Company (Please attach copy of card)

\_\_\_\_\_  
Policy #                      Phone #                      Alternate Phone #