

YOUTH REGISTRATION SUPER SUMMER 2018

NAME _____

CHECK ONE: MALE FEMALE

ADDRESS _____

CITY/ST/ZIP _____

PHONE _____

CHURCH NAME _____

CHURCH CITY/ST _____

DO YOU HAVE ANY SPECIAL NEEDS?

YES NO

If yes, explain _____

CHECK ONE WEEK:

- June 25-29, 2018 July 16-20, 2018
 July 2-6, 2018 July 23-27, 2018
 July 9-13, 2018 July 30-Aug 3, 2018

CHECK THE GRADE YOU WILL BE ENTERING THIS FALL:

- 7th 8th 9th 10th 11th
 12th H.S. Graduate in Spring 2018

BIRTHDATE: ____/____/____ AGE: ____

T-SHIRT SIZE:

- Small Medium Large X-Large
 XX-Large (add \$2.00 to the reg. fee)
 XXX-Large (add \$2.00 to the reg. fee)

NOTE: If no shirt size is indicated, you will receive an XL shirt.

KNCSB will be videotaping and photographing this event. Most likely, you will 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 waiving all rights of privacy during videotaping, filming, recording, or photographing and release KNCSB from liability for loss, damage, or compensation for the use of your likeness, image, voice, or words; in compliance with all rules and regulations of KNCSB for this event.

WEBSTER CONFERENCE CENTER CHALLENGE COURSE AGREEMENT

Agreement to Participate, Assumption of Risk and Release of Liability

Instructions: If you wish to participate in the Challenge Course, complete all of the following information on this form. If you do not wish to participate, sign in the box below and skip the remainder of this form.

I DO NOT wish to participate on the Challenge Course. _____
(If you have signed your name in this box, do not complete the following information.)

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.

Student
Sign Here

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

Parent
Sign Here

Parent's Address _____

City/State/Zip _____

Employed by _____

Daytime Phone (____) _____

Evening/Night Phone (____) _____

Cell Phone (____) _____

Name of Physician: _____

City, ST _____

Physician's Phone (____) _____

This section **MUST** be completed if the student desires to participate on any Challenge Course elements.

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

Has a doctor ever told you that you have heart trouble?

YES NO

Has a doctor ever told you that you have epilepsy?

YES NO

Has a doctor ever told you that you have asthma?

YES NO

Has a doctor ever told you that you have diabetes?

YES NO

Are you currently sick, in treatment and/or using a medication(s)?

YES NO

If yes, explain _____

List any Allergies (incl. drugs): _____

Other Medical Needs: _____

Have you had any operations or serious injuries in the last three months?

YES NO

If yes, please list _____

Do you have arthritis, joint or back problems that might be aggravated by exercise?

YES NO

Have you been restricted from sports or swimming for any reason?

YES NO

If yes, explain _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?

YES NO

If yes, explain _____

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.

MEDICAL RELEASE FORM

Name _____ Birthdate ____/____/____ Age _____

Address _____ City/ST/Zip _____

Church Name _____ City, ST _____

Parent/Guardian Name _____ Employed by _____

Home Address *(If different from above)* _____ City/ST/Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____ Cell Phone (____) _____

Name of Physician: _____ City, ST _____ Phone (____) _____

Are you currently taking medicine or treatment? yes no

List all medications: _____

Please send all medications to camp in their original containers

Have you been restricted from sports or swimming for any reason?

yes no If yes, explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year _____

Do you have:

- Sinus Trouble/Hay Fever
- Heart Trouble
- Epilepsy
- Asthma
- Diabetes
- Communicable Diseases

If yes, explain _____

Food Allergies: _____

Drug Allergies: _____

Other Medical Needs: _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?

yes no If yes, explain _____

EMERGENCY MEDICAL AUTHORIZATION

Event: _____ Today's Date _____

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with my child or to any Kansas-Nebraska Convention of Southern Baptists staff person, or their designee, who is present at the above mentioned event to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child.

Parent Sign Here

Parent/Guardian Signature _____

Insurance Company _____

(If not insured, please write "none" on the line above)

Mailing Address to Submit Claims: _____

City, ST, Zip: _____

Policy Number _____

If I cannot be reached, please notify _____

(____) _____ or (____) _____

NOTARY SPACE IF DESIRED

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