

KIDS SURGE

Pastor/Ministry Leader,

Thank you so much for choosing to join us for this exciting kid's ministry event this summer! We are prayerfully excited and anticipating an amazing camp experience! As in previous years, we are planning for a jam packed, exciting day for you and your children. There will be many engaging rotation stations, lots of food, a large group worship service and more. Camp will be from 8:00am to 4:30pm. Please note that you will need to bring 1 adult for every 5 children attending in your group. We ask that those adults be background checked. The association office can assist in that if need be. To attend Surge Camp children must have completed 1st-5th grade by the end of the 2024-2025 school year. If you have any specific questions please contact the Marshall Baptist Association.

As we plan this exciting camp experience, be sure to contact the Marshall Baptist Association to secure your church's spots for KIDS SURGE as early as possible. Currently, our capacity for each day is 100 campers. The deadline to return the CHURCH GROUP LIST, with Tshirt sizes filled out, is April 30 to ensure your church's spots are reserved.

IMPORTANT INFORMATION

WHEN: JULY 7 or 8

8:00am-4:30 pm

WHERE: Marshall Baptist Retreat Center

Cost: \$25 per attendee



CAMP PACKING LIST

BIBLE
PEN
SUNSCREEN
1 EXTRA PAIR OF CLOTHES
MODEST SWIMSUIT
TOWEL
BUG SPRAY
CLOSED TOE SHOES
WATER BOTTLE
GOOD ATTITUDE



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Background Check Acknowledgement Waiver

I, _____, the pastor/minister or leader, acknowledge that the Marshall Baptist requires all adults (18 or older) attending Surge Camp to have been background checked by the church they are attending with. I, and the church I am representing, do hereby agree to background check all adults attending surge camp in our group. In addition, I agree that all background checks have come back clean and with no issues. This forms certifies that all adults attending are listed below and have cleared their background check.

Signature: _____

Date: _____

Adults

KIDS SURGE

INDIVIDUAL REGISTRATION FORM 2025

PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____ AGE ____ -- _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

PHONE () _____ GRADE IN OR JUST COMPLETED _____

MOTHER _____ FATHER _____

MOTHER'S INFORMATION:

EMPLOYER: _____

ADDRESS: _____

HOME PH: _____

BUS PH _____

CELL PH _____

FATHER'S INFORMATION

EMPLOYER: _____

ADDRESS: _____

HOME PH: _____

BUS PH: _____

CELL PH: _____

EMERGENCY NAMES AND NUMBERS IF PARENTS CANNOT BE REACHED

1. _____ () _____

2. _____ () _____

MEDICAL INFORMATION

DATE OF LAST TETNUS SHOT: _____

ALLERGIES TO MEDICATIONS, INSECT BITES OR FOODS: _____

MEDICATIONS & CONDITIONS FOR WHICH MEDICATION IS TO BE ADMINISTERED: _____

OTHER MEDICAL CONDITIONS OR IMPORTANT INFORMATION: _____

INSURANCE INFORMATION (Please provide a photocopy of your child's insurance card)

INSURANCE COMPANY _____

FULL ADDRESS _____

PHONE NUMBER () _____ EMPLOYER _____

POLICY # _____ GROUP # _____

MEMBER NUMBER _____ ID NUMBER _____

INSURED'S NAME _____

*PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF EACH PARENT OR GUARDIAN TO UPDATE THIS INFORMATION AS THE NEED ARISES.

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in KIDS SURGE, which may involve travel in vans, buses or private vehicles. This authorization shall be effective continuously from the date hereof until canceled by written notice of Marshall Baptist Association.

We (I) authorize Marshall Baptist staff, employees, drivers, sponsors and helpers, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I hereby release Marshall Baptist Association, its staff, employees, drivers, sponsors and helpers from any liability for injury or damages suffered by the above child and agree to release, indemnify and waive any rights by subrogation I may have, and hold harmless Marshall Baptist Association, its staff, employees, drivers, sponsors and helpers for injury or damages to my child I/We have read and understand the above document. By signing this document we hereby release Marshall Baptist Association from any and all liability for personal injury or damage to property.

SIGNATURE _____ DATE _____

PHOTO/VIDEO RELEASE

I give my consent to Marshall Baptist Association that my child, _____, may be photographed and/or video taped during association affiliated activities. The photos, videos, and/or stories may be used in connection with any work of FBC and release FBC from any claims that may arise with regard thereto.

SIGNATURE _____ DATE _____

Acknowledgment of Individual

STATE OF ALABAMA

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for said county and state, on this _____ day of _____, _____, within my jurisdiction, the within named _____, who acknowledged that (he/she/they) executed the above and foregoing instrument.

Notary Public

Printed Name: _____

My Commission Expires:
