

# XTREME 2018

## CAMP REGISTRATION\*

6th-12 grade (completed)

NAME: \_\_\_\_\_

CURRENT GRADE (before June): \_\_\_\_\_

INVITED BY: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: M F

FIRST TIME: Y N CHURCH MEMBER: Y N

IF NOT, WHAT CHURCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*\*additional forms required*

### OFFICE USE ONLY

\_\_\_\_\_ Payment  Camp WOW form  
 cash  check  credit  Medical form

*Refund policy: 50% before June 6, after June 6, NO refunds possible.*



# Xtreme Camp 2018 Contact Form

**Please PRINT legibly & fill in ALL blanks. This will be used in case of emergency**

## STUDENT or SPONSOR SECTION

Last \_\_\_\_\_ First \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Email: \_\_\_\_\_

Student/Sponsor Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PARENT SECTION & EMERGENCY CONTACT

Parent/Emergency Contact Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work : \_\_\_\_\_

Parent email: \_\_\_\_\_

## MEDICAL INFO for STUDENTS or SPONSORS:

Any Health Conditions:

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Allergies:

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Dietary restrictions:

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Current medication (send with instructions):

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Reason for taking above medication:

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**Please turn over and complete other side!**

# RELEASE AND CONSENT TO MEDICAL TREATMENT

STATE OF TEXAS

COUNTY OF COLLIN

I, do hereby consent as an adult sponsor **OR** as Parent or Legal Guardian of \_\_\_\_\_ to reasonable and necessary medical treatment in the event of the necessity therefore, and I hereby authorize the First Baptist Church of McKinney, through its employees, agents and volunteers, to provide such consent to any health care provider that may require it, sign necessary papers, and in general arrange for reasonable and necessary medical care and treatment that may be necessary.

I further release and forever discharge the First Baptist Church of McKinney, its employees, agents and volunteers of and from any and all claims, demands, damages, actions, causes of action, negligence or suits of any kind or nature, whether heretofore or hereafter accruing, and whether not known, arising out of any activity of the First Baptist Church of McKinney in which my child or myself is a participant.

This Release and Consent shall be valid and binding until revoked by me, in writing, delivered to Grant Byrd, First Baptist Church of McKinney, Texas. I acknowledge that I have read and understand the effect of this Release and Consent to Medical Treatment, and I am executing it for the purposes and considerations set forth.

\_\_\_\_\_  
Parent , Guardian or Adult Sponsor

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018

## **Insurance Information:**

Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Telephone Number of Insurance Company: \_\_\_\_\_

**Please turn over and complete other side!**

# Xtreme Camp 2018 Veteran Sponsor

## General Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email that you check regularly \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Status:  Part Time  Full Time  Student

Marital Status:  Single  Married  Divorced  Widowed

***You must attend one of the Sponsor meetings:  
May 20 @ 8:15 am or May 30 @ 6:00 pm***

## Personal and Spiritual History

When did you become a Christian?

What years have you gone to Xtreme Camp? \_\_\_\_\_

What accountability do you currently have in your spiritual journey?

Have you led a small group by yourself?

You know we need help in these areas. Where else are you willing to help at Xtreme Camp?  
(Circle all that apply)

***Bus Captain***

***Color Captain***

***Dorm Captain***

***Elective Room Monitor***

***Elective Teacher***

***Crafts***

***Other*** \_\_\_\_\_

How long have you attended FBC McKinney? \_\_\_\_\_ Are you a member?  Yes  No

Do you have a current background check (within last 2 years)?  Yes  No  Unsure

Please turn this in to the ROCK office. Contact Deanna if you have any questions at  
[Deanna@firstmckinney.com](mailto:Deanna@firstmckinney.com) or 972-542-6480 Thank you!

# Xtreme Camp 2018 "Newbie" Sponsor

(You must attend one of the Sponsor Meetings: May 20 @ 8:15 am OR  
May 30 @ 6:00 pm)

## General Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Facebook: Yes \_\_\_\_\_ No \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Status:  Part Time  Full Time  Student

Marital Status:  Single  Married  Divorced  Widowed

## Education

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College / Trade School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree: \_\_\_\_\_ Minor: \_\_\_\_\_

Other Education: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Hobbies, Interests, Sports: \_\_\_\_\_

## Personal and Spiritual History

Write a brief testimony about how you became a Christian (include date).

Write briefly about significant events in your life that have impacted you spiritually.

Describe three major ways in which you have grown in your spiritual journey since you became a Christian.

How would you describe your spiritual journey now?

What accountability do you currently have in your spiritual journey?

- **Please turn over and continue on back** -

**Ministry**

How long have you attended FBC McKinney? \_\_\_\_\_ Are you a member?  Yes  No

Do you have a current background check (within last 2 years)?  Yes  No  Unsure

Describe any other ministry / church experience you have been involved with.

What spiritual gifts do you feel you have, and how would you like to use them in youth ministry at xtreme camp this year?

We need help in these areas. Where else are you willing to help at Xtreme Camp?  
(Circle all that apply)

***Bus Captain***

***Color Captain***

***Dorm Captain***

***Elective Room Monitor***

***Elective Teacher***

***Crafts***

***Other*** \_\_\_\_\_