

# SPONSOR INFORMATION

## REGISTRATION INFORMATION:

- † Forms and fees need to be turned in to your church.
- † All sponsors **MUST** be 21 years old or older.
- † Cross Seeker Missionaries will **NOT** take the place of a sponsor.
- † Provide one sponsor for every seven children per gender; all churches must provide sponsors

## MEDICAL RELEASE FORMS:

- † Medical release forms should be notarized. Many hospitals are now requiring this notary before treatment can be given.

## CROSS SEEKERS CAMP GUIDELINES: These guidelines are for all who attend camp.

- † All students, sponsors, and Cross Seeker Missionaries will be asked to dress in a way which represents their church and Jesus in a manner which is appropriate.
- † All clothing must have sleeves
- † Backless dresses and bare midriffs are not allowed. Hemlines and necklines must be modest.
- † Appropriate shorts are allowed but “short-shorts” or Sophie shorts are NOT permitted.
- † All should observe a reasonable modesty in swimwear. Everyone **MUST** wear a **dark** t-shirt to, in, and from the swimming pool and lake areas.
- † Everyone must wear shoes to and from the pool and lake areas. No walking barefoot anywhere on campus.
- † Clothing advertising inappropriate secular music groups/individuals, sex, tobacco, alcohol, or drugs is considered inappropriate dress.

## WHAT TO BRING:

- † Clothes and shoes appropriate for a week of camp
- † Bible, and pen/pencil
- † Sleeping bag or sheets, pillow, towels, and washcloths
- † Swimsuit, **dark** colored t-shirt, and shoes to wear to and from swimming pool and the lake area.
- † **Insect repellent**, sunscreen, and light jacket or sweatshirt
- † Personal grooming articles.
- † Lake swim shoes (for blobbing, canoes or lake swimming)
- † Regular shoes for recreation.
- † Money for offering
- † **OPTIONAL:** quarters for pop/snack machines, cameras.

## WHAT NOT TO BRING:

- † Hand held devices (ipods, tablets, etc)
- † Cell phones (only sponsors and Cross Seeker Missionaries, may have cell phones).

## LOCATION:

- † Webster Conference Center, 2601 N. Ohio St. Salina, KS 67401

# SPONSOR REGISTRATION FORM

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

Youth or Adult sizes

NUMBER OF YEARS WORKING WITH CHILDREN \_\_\_\_\_

EXPERIENCE \_\_\_\_\_

Have you ever been convicted of child abuse, or a crime involving actual or attempted sexual molestation of a minor? Circle one: YES NO

We will need your help in certain areas of camp; please check all areas that you will be willing to help out in.

\_\_\_ I am willing to teach a Bible Study (5<sup>th</sup> & 6<sup>th</sup> grade classes will be separated by gender.)

\_\_\_ 3<sup>rd</sup> graders

\_\_\_ 4<sup>th</sup> grader

\_\_\_ 5<sup>th</sup> graders

\_\_\_ 6<sup>th</sup> graders

\_\_\_ I am willing to help with recreation in the following areas:

\_\_\_ Canoes

\_\_\_ Rec Shack

\_\_\_ Rec games

\_\_\_ BB guns/archery

\_\_\_ Frisbee golf

\_\_\_ Basketball

\_\_\_ Volleyball

\_\_\_ the Blob

\_\_\_ Tether Ball

\_\_\_ Gym

\_\_\_ Octaball

## TO BE COMPLETED BY THE CHURCH

\_\_\_\_\_ has been secured and is recommended for the position of SPONSOR

name of sponsor

By \_\_\_\_\_

Church name

City, St

Authorized Church Leader\*\*

Church Position

Date

\*\*Church authorization needs to be done by someone who is not a relative of the Sponsor and you cannot authorize your own.

Name of Participant: (Please Print) \_\_\_\_\_

### ■ MEDICAL INFORMATION

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

Are you currently sick and/or using a medication not listed elsewhere on this form?  YES  NO

Have you had any operations or serious injuries in the last three months?  YES  NO

Do you have arthritis, joint or back problems that might be aggravated by exercise?  YES  NO

Are you currently taking medicine or treatment?  YES  NO

If yes, explain \_\_\_\_\_

Have you been restricted from sports or swimming for any reason?  YES  NO

If yes, explain \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Date of last physical exam \_\_\_\_\_

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?  YES  NO

If yes, explain \_\_\_\_\_

**Do you have:**

Sinus Trouble

Hay Fever

Heart Trouble

Epilepsy

Asthma

Diabetes

Communicable diseases? If yes, please explain \_\_\_\_\_

**List any Allergies:**

Food \_\_\_\_\_

Drugs \_\_\_\_\_

Other Medical Needs: \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

Event: \_\_\_\_\_ WKBA Cross Seekers Children's Camp

In the event of an emergency, I hereby give permission to any WKBA and/or Webster Conference Center staff person, or their designee, who is present at the above mentioned event to obtain medical assistance. I also give permission to the Physician selected to hospitalize and secure proper treatment.

**Sign** → Parent/Guardian Signature \_\_\_\_\_  
Insurance Company \_\_\_\_\_

← **Sign**

Mailing Address to Submit Claims: \_\_\_\_\_

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

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

If I cannot be reached, please notify \_\_\_\_\_

( ) \_\_\_\_\_ or ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_  
(HOME) (WORK) (CELL)

State of Kansas County of \_\_\_\_\_ Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_

(Seal, if any)

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
My appointment expires