

PARENT INFORMATION

REGISTRATION INFORMATION:

- † Forms and fees need to be turned in to your church with your money.

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:

- † 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 will be 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.

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

CAMPER REGISTRATION FORM

Cost of Camp \$ _____

NAME _____ AGE _____ GENDER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ PARENTS CELL (____) _____

GRADE COMPLETED _____ SHIRT SIZE _____

Youth or Adult sizes

CHURCH ATTENDING CAMP WITH

NAME

CITY

PASTOR'S/CHILDRENS LEADERS NAME _____

Please sign up for one or all of the following class that will take place during open rec.

_____ singing class _____ drama class _____ signing to a song class

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP TO CHILD _____

PHONE (____) _____ CELL PHONE (____) _____

Do you have any special needs that we need to know? _____

Explain _____

*** Cross Seekers Camp 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 means; any use of your likeness, voice, and words without compensation; specifically waving all rights of privacy during videotaping, filming, recording, or photographing and release WKBA from liability for loss, damage, or compensation for the use of your likeness, image, voice, or words' compliance with all rules and regulations of WKBA for this event.

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

WEBSTER CONFERENCE CENTER, INC.

CHALLENGE COURSE AGREEMENT

Agreement to Participate, Assumption of Risk and Release of Liability

(PLEASE NOTE: This is a Two-Sided Form. Please do not make changes to this form.)

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.

Name of Participant: *(Please Print)* _____ Date: _____



Address _____

City/State/Zip _____

Birthdate ____/____/____ Age _____ City, Church Name _____

Signature of Participant: _____

Approval Signature of Parent/Guardian

 if Participant is under 18: _____ 

Address _____

(If different from above)

City/State/Zip _____

Employed by _____ Daytime Phone (_____)

Evening/Night Phone (_____) Cell Phone (_____)

Name of Physician: _____ City _____ State _____

Physician's Phone Number (_____) _____

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.
