



STUDENT Registration Form

Students Name: _____ Grade Completed as of June 2017: _____ Gender: _____

Parents/ Legal Guardians Name: _____ Relationship: _____

Address _____ Cell: _____ Emergency Contact: _____
 _____ Work: _____ Number: _____
 _____ Email: _____ Relationship: _____

Student Information:
 Shirt Size: (circle one)

Adult sizes only: S M L XL 2XL 3XL

Date of Birth: MM / DD / YYYY

Do you suffer from any allergies, illness, disability or other medical conditions: Yes [] No []

Explain: _____

*If your student takes medication it will need to be indicated on the medical form. All medications will be collected and will be administered by a nurse. This is for the safety and well-being of all students attending.

Number of Students attending this year's Falls Creek Student Camp: _____

Cost for Camp by Date:

By May 30 th	\$200	*Please may all payments out to Temple Baptist Church P.O. Box 640 Gainesville TX 76241
June 30 th	\$240	
JULY 3 rd	\$260	

Signature : _____ Date MM / DD / YYYY

Students Last Name:

First:

MEDICAL AND LIABILITY RELEASE FORM
Temple Baptist Church
1811 E California Street Gainesville, TX 76240 * 940-665-9789
templebaptist@sbcglobal.net

Name of Student _____
Street Address _____ City/Zip _____
Home # (____) _____ Parent/s work (____) _____ Cell #'s _____
Birth date _____ School _____ Grade _____
Medical Insurance Company _____ Group or Policy Number _____
In Emergency, notify _____ Phone # _____
Any Swimming Restrictions: _____ Yes _____ No Any Activity Restrictions: _____ Yes _____ No
What restrictions? _____
Anything else we need to know about your son/daughter (allergies, epilepsy, heart condition, etc....)

Last Tetanus Shot _____ E-Mail Address _____

Liability Release

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective until terminated in writing and delivered to an approved representative of Temple Baptist Church.

Signature _____ Date _____

Student Behavior Contract

Our ministry seeks to create an environment of fellowship, activities, and programs that will, while working alongside families, train and educate students toward maturity in Christ. A component of this environment includes certain behavior and cooperation standards that the students are expected to follow. These standards include:

- Following the direction of the staff leadership by showing respect and cooperation
- Respecting the rights and property of others
- Abstaining from any other activity deemed inappropriate for a church sponsored activity

When students choose not to abide by these standards, we will discuss with the student the need to cooperate. Disciplinary responses may be given such as loss of free time and/or separation from the main group. In more serious cases, the parent may be asked to pick up their son/daughter from the activity. In all cases, the discipline will be administered in love and for the benefit of that individual student and for the entire group.

I have read the above statements of discipline policy and will abide by them.

Student Signature

Date

Parent Signature

Date



Falls Creek Student Profile

Help us get to know you better by filling out this Student Profile. When you are finished, give this profile to the sponsors from your church attending Falls Creek, so they can know how to pray for you at camp.

Name: _____ Grade This Fall: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____ Instagram: @ _____ Twitter: @ _____

What activities are you involved in at school? _____

Tell us briefly about your family: _____

What is your favorite snack? _____ What is your favorite video game? _____

What is your favorite movie? _____ What is your favorite mobile game? _____

What is your favorite sport? _____ What is your favorite mobile app? _____

Does your family usually attend church? Yes No

If yes, where? _____

Have you accepted Jesus Christ as your personal Lord and Savior? Yes No Unsure

If you are a Christian, when did you accept Christ? _____

Were you baptized after you accepted Christ? Yes No

If yes, where? _____

Which of these have you done in the past week: (Check each one that applies.)

Read the Bible Prayed Memorized a verse of the Bible Talked to someone about Jesus Spent time alone with God

Have you ever attended Falls Creek? Yes No

Why do you want to go to Falls Creek? _____

When the adults from our church pray for you, what would you like them to pray for during the week you are at Falls Creek?

Falls Creek 2017 Student Release and Waiver of Claims Form (1 of 2)

Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

Student Name: _____

Host Church: _____ Cabin: _____

Camper Name: _____ Date of Birth: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Student E-mail: _____ Grade This Fall: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (_____) _____ Cell or Work Phone: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

1. Does camper have any known allergies or is camper unable to take any medication? **Yes No** (Please circle one.) If yes, what? _____

2. Does camper presently take any medications regularly? **Yes No** (Please circle one.)

If yes, what medications? _____ For what reason? _____

3. Please List any other medical condition(s) that would be helpful to know: _____

4. Date of last tetanus immunization: _____

5. The above named child has current medical insurance coverage through:

Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: (_____) _____

7. Will a parent of the Camper attend Falls Creek during the same period of time as the Camper? **Yes No** (Please circle one.)

If yes, name of parent: _____

Church: _____

Please continue to the back or adjoining page. All forms MUST be fully completed.



Parents:

Your child is required to abide by the Falls Creek dress code and code of conduct while at camp.

As a means of acknowledging and agreeing to this, their signature is required on the second page of this form.

Falls Creek 2017 Student Release and Waiver of Claims Form (2 of 2)

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child, _____ will be attending Falls Creek during the summer session, 2017. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that my child should need emergency medical care or attention, the Host Church leadership, the BGCO or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional.

• If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred.

• There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor the BGCO is responsible for the action of these third party contractors. I further agree that neither the Host Church nor the BGCO is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

• I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

• Furthermore, in consideration of my child being allowed to attend Falls Creek camp, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, the BGCO, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at Falls Creek, and (2) injuries arising from the decision of the leadership of the Host Church, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to my child.

• I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

• I give authority and permission to the Host Church, the BGCO, and any of their staff or agents to inspect my child's belongings while at Falls Creek.

• I understand that Falls Creek is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.

• I have received and read the Parent Information about Falls Creek including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information. I have read the Falls Creek Code of Conduct and Dress Code, and I have reviewed the Code of Conduct and dress code with my child.

Parent Signature: _____ Relationship to child: _____ Date: _____
 All students attending Falls Creek must have a parent or guardian complete and sign this release form. This form must be turned in to the Falls Creek staff during registration on the first day of camp.

I have read and agree to the Falls Creek Code of Conduct and Dress Code and will abide by them.

Student Signature: _____ Date: _____

OBU & BGCO Information Form - The following portion of this document is to be removed from the above by Falls Creek and used by OBU for prize drawings at the end of the week. It is not a required part of this form.

<input type="text"/>	<input type="text"/>	MALE	FEMALE	<input type="text"/>
Student's First Name	Student's Last Name	Please Circle One		Grade Just Completed
<input type="text"/>				<input type="text"/>
Mailing Address				Date of Birth (mm/dd/yy)
<input type="text"/>				<input type="text"/>
City				State
<input type="text"/>				<input type="text"/>
Phone Number (including area code)				Zip code
<input type="text"/>				<input type="text"/>
Student's Email Address				
<input type="text"/>				