

#SandShades&Sandals July 16th - 21st, 2018

COST \$100.00

Reserve your bed by turning in a completing packet along with \$25
Deposit (Non-refundable)

NAME

_____ \$25 for Bed Reservation

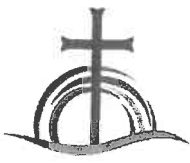
_____ (I understand that this is NON-REFUNDABLE)

_____ T-Shirt size (adult sizes)

_____ I intend to participate in the Rent-A-Youth (June 3rd) auction to
assist me in going to Falls Creek

_____ Grade (Fall 2018)





Emmanuel

BAPTIST CHURCH

719 N. Kansas, Weatherford, OK 73096
(580)772-3413
www.ebcweatherford.com

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 risk, both known and unknown, even if arising from negligence, and assume full responsibility for my child's (my) participation in or observation of such recreational activity.

In consideration of my child being accepted by EBC for participation in STUDENT MINISTRY TRAVEL AND ACTIVITIES, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby waive, and agree to indemnify and hold harmless EBC, their agents or employees, against any and all cause of action, rights, claims or suits which I or my child may have against EBC or their agents or employees as a result of personal injury to my child, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child (sponsor) are participating in any EBC youth activity, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at EBC youth events and (2) injuries arising from the decision of the leadership of EBC or any of their agents or employees to consent to the provision of emergency medical care to my child.

Authorization and permission is hereby given to EBC to furnish any necessary transportation, food, and lodging for this student (sponsor).

The undersigned agree to hold harmless and indemnify EBC, its directors, employees, and agents, for any liability sustained by EBC as the result of negligent, willful, or intentional acts of said participant, including expenses attendant thereto.

Should it be necessary for the student (sponsor) to return home due to medical reasons, disciplinary action, or otherwise, we (I) assume the responsibility for all transportation costs.

I understand that my child's (sponsor's) image may be included in a video or in photographs that may be made during EBC youth activities. I understand that a promotional or highlight video may be available for distribution. I consent that my child's (sponsor's) image may appear on videos, promotional resources, EBC endorsed websites, etc.

I give authority and permission to EBC and any of their staff or agents to inspect my child's belongings while on EBC youth activities.

I understand that EBC is a place where students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during EBC youth activities.

Student's Signature: _____ Printed Name: _____
Parent or Legal Guardian Signature: _____ Date: _____
Printed Name: _____ Phone#: _____

All students must have a parent or guardian complete and sign this release form. All sponsors must complete and sign this release form.



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Student (Sponsor) Name: _____ Age: _____ Grade Fall 2018: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____ School attending this Fall: _____
Emergency Contact: _____ Relationship: _____
Phone: _____ Mobile or Home (Circle One)
Secondary Emergency Contact: _____ Phone: _____

1. Does student (sponsor) have any known allergies or is student (sponsor) unable to take any medication?
____ Yes ____ No If yes, what? _____
2. Does student (sponsor) presently take any medications regularly? ____ Yes ____ No
If yes, what medications? _____
For what reason? _____
3. List any other medical condition(s) that would be helpful to know: _____
4. Date of last tetanus immunization: _____
5. The above named student (sponsor) has current medical insurance coverage through:
Insurance Company: _____
Name on Insurance Policy: _____ Policy Number: _____
Insurance Company Phone Number: _____ Group Number: _____
Mailing Address for Medical Claims (see back of insurance card): _____
City: _____ State: _____ Zip: _____
6. Does insurance co. require notification prior to emergency health care at a hospital? ____ Yes ____ No

I understand that it is the responsibility of EBC to obtain permission for treatment or to limit student's recreational activities because of a stated medical condition.

Student (Sponsor), _____ will be attending various EMMANUEL BAPTIST CHURCH (EBC) youth sponsored activities during the church year January 1st, 2018 – December 31st, 2018. In the event student (sponsor) should need emergency medical care or attention, the EBC leadership, or any of its 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 student (sponsor) as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to student (sponsor), student's parents (sponsor) understand(s) that student's (sponsor's) health insurance information will be given to the health care professional and that any expenses not covered by student's (sponsor's) insurance shall be the responsibility of said student's parents (sponsor). Student's parents (sponsor) understand(s) that EBC will not be obligated to pay either the health care professional or student's parents (sponsor) for any medical expenses incurred on behalf of student (sponsor).

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, student (sponsor) agrees that EBC is not responsible for the action of these third party contractors. Student (sponsor) further agrees that EBC is not liable for the actions or activities of students or sponsors participating in events or activities operated by third party contractors.

Falls Creek 2018 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, 2018. 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 discussed 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="checkbox"/>
Student's First Name	Student's Last Name	Please Circle One		Grade Just Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	<input type="text"/>	Date of Birth (mm/dd/yy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	State	Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number (including area code)	Student's Email Address			
<input type="text"/>	<input type="text"/>			

Falls Creek 2018 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.