

**FALLS CREEK 2018**

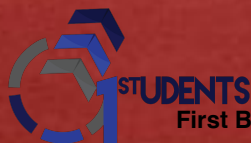


**July 23th-27th**

**Cost - \$125**

- ★ Jr High Camp/Jr High Cabin Completed 6th, 7th, & 8th Grade
- ★ High School Camp/High School Cabin 9th thru 2018 Graduate
- ★ Scholarships available with completed scholarship application
- ★ All scholarship applications are due by July 15th
- ★ No scholarships will be given after July 15th

**Parent/Camper Meeting  
Sunday, July 15@ 12:01 pm  
Worship Center**



First Baptist Church / 200 S. Elm, Sapulpa, OK 74066 / Phone 918.224.4100 / Keno King Pastor Student Ministry

# 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 the following do you do on a regular basis? (check all that apply)

\_\_\_\_ Read the Bible \_\_\_\_ Pray \_\_\_\_ Memorize a verse of the Bible \_\_\_\_ Talk to someone about Jesus \_\_\_\_ Spend 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 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)

First Baptist Church

High School #717 & Jr High #728

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: \_\_\_\_\_

Student Name: \_\_\_\_\_

Church: First Baptist Church of Sapulpa

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 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.

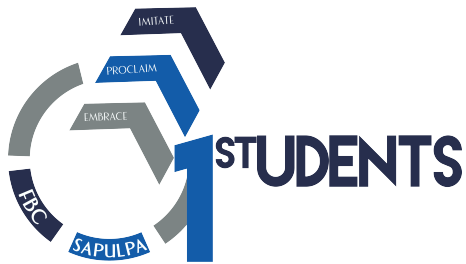
Parent Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_  
All students attending Falls Creek must have a parent or guardian complete and sign this release form. This form must be turned in to the Falls Creek staff during registration on the first day of camp.

**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.

|   |   |  |  |
|---|---|--|--|
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Student’s First Name</div>   | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Student’s Last Name</div>  | <div>MALE</div> <div>FEMALE</div> <div><div></div><div></div></div> <div>Please Circle One</div> <div>Grade Just Completed</div>                     |  |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Mailing Address</div> |   | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Date of Birth (mm/dd/yy)</div>                                    |  |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>City</div>            |   | <div><div></div><div></div></div> <div>State</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Zip code</div> |  |
| <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Phone Number (including area code)</div>   | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Student’s Email Address</div> |  |  |



# Permission Slip

## Student Information

Name \_\_\_\_\_

Gender M / F DOB \_\_\_\_\_ T-Shirt Sz \_\_\_\_\_

Grade Your Student is going into this August:

6th 7th 8th 9th 10th 11th 12th

**Participation:** We have been planning an amazing experience for your student and in consideration for the student's participation in \_\_\_\_\_ 2018 Youth Events \_\_\_\_\_. I, for myself and on behalf of my attending student agree to release FBCS (First Baptist Church of Sapulpa), its officers, directors, and agents and anyone connected or associated with the church, from any liability for injuries to the student arising out of his/her participation, including during their transportation to and from the event as applicable. I also authorize FBCS to publish the photographs taken of me and/or the undersigned minor student and our names for any lawful purpose, including illustrations, advertising and web content. I release all claims against FBCS with respect to ownership and confirm that I am the parent or legal guardian of the minor student and have the authority to authorize use. Notice; FBCS will not be held liable for the loss of money or other personal items that may be lost or missing. Any damages or losses caused by my student, individually or with a group, shall become my responsibility. On all of our events, we have certain expectations of civil behavior which will insure that we all have a great experience. If, during this event, the student is unwilling to maintain these expectations, please understand that parents will be notified. Further, should it be necessary for the student to return home due to disciplinary action or otherwise, parents will assume all transportation costs.

## Parent/Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Best Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Phone: #1 \_\_\_\_\_ Emergency Phone: #2 \_\_\_\_\_

Others Authorized to pick-up student: \_\_\_\_\_

(For your child's safety a Photo ID may be required)

Do you attend Church Y / N Name of Church: \_\_\_\_\_

**Medical:** My permission is granted for First Baptist Church of Sapulpa (FBCS) staff, sponsors, or chaperones to obtain necessary medical attention in case of sickness, injury, or accident to my student. This includes travel to and from the event/activity as well as the event/activity itself. I accept responsibility for any and all financial obligations incurred for such treatment.

## **Food Allergies/Allergies/Medical Concerns:**

Please list any medical concerns such as allergies, medications, etc. which pertains to your student:

\_\_\_\_\_  
\_\_\_\_\_

## Signature of parent or legal guardian

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018, Creek County, Oklahoma

X \_\_\_\_\_ X \_\_\_\_\_

(Print Name)

(Signature)

## *Optional:*

Do you have medical insurance? Yes ☐ No ☐

Insured's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

# FALLS CREEK 2018

## The Rules:

- Have a Good Additude    -Read the Bible Daily    -KP Duty is Required
- Respect all Students    -Respect & Obey all Authority    -Be On Time
- No Fighting, PDA, Complaining, Arguing, Pranks, or Foul Language

## If you break the rules:

### 1) The first time:

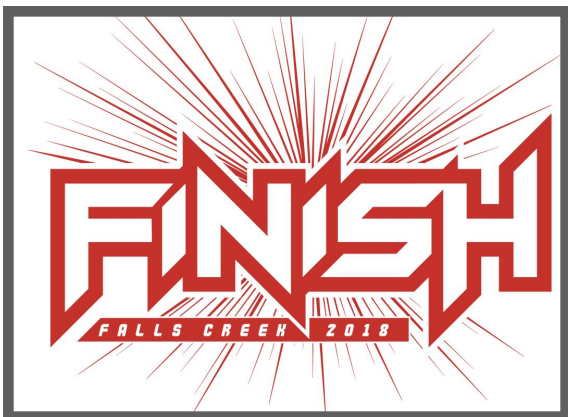
A warning and do some sort of physical labor (cleaning or kitchen).

### 2) The second time:

Parents will be called and you will miss free time.

### 3) The third time:

You will be sent home.



**I have read and agree to the guidelines:**

**Students Signature:**

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**Parents Signature:**

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## FIRST BAPTIST SAPULPA SCHOLARSHIP REQUEST FORM

**Students requesting scholarship funds must provide the following items:**

**Name of Student:** \_\_\_\_\_

Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Event Name:** \_\_\_\_\_

Dates: \_\_\_\_\_ Total Cost: \$\_\_\_\_\_

Amount of Total Able to Pay: \$\_\_\_\_\_

Amount of Scholarship Request: \$\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Office Use Only

Date Request Received: \_\_\_\_\_ Amount Granted: \$\_\_\_\_\_ Date Processed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of confirmation sent to requestor: \_\_\_\_\_