

FALLS CREEK 2018

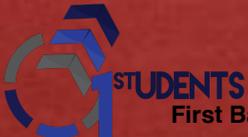


July 23th-27th

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**



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)

Host Church: First Baptist Church Cabin: High School #717 & Jr High #728

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: _____

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

Student Name: _____
Church: First Baptist Church of Sapulpa



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.

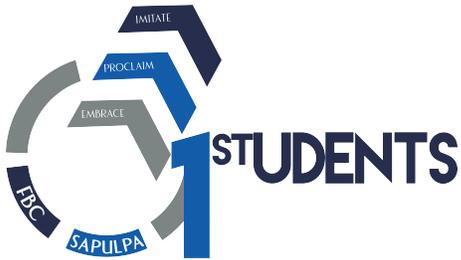
Parent Signature: _____ Relationship to child: _____ Date: _____
 All students attending Falls Creek must have a parent or guardian complete and sign this release form. This form must be turned in to the Falls Creek staff during registration on the first day of camp.

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.

| | | | | |
|---|----------------------------|-------------------|--------|---------------------------------|
| <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"/> | | | | |



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:

Parents Signature:



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: _____

For Office Use Only

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

Signature: _____ Date of confirmation sent to requestor: _____