



# Registration Packet

Please keep stapled and  
turn in as one packet!



Last Name \_\_\_\_\_ First name \_\_\_\_\_



The following items are due for your registration  
**TO BE CONSIDERED COMPLETE!**

\_\_\_\_\_ CentriKid Application completed in full  
\*\*\*(including Notary Stamp and Tetanus Information)

\_\_\_\_\_ Copy of Insurance Card provided  
\*\*\*(including Front and Back sides)

\_\_\_\_\_ FBCH 2021-2022 waiver completed in full  
\*\*\*(including Notary Stamp and Tetanus Information)

\_\_\_\_\_ Covenant signed by parent and camper

\_\_\_\_\_ Payment made in Full: By May 2- \$325  
By May 23- \$350  
By June 6 - \$375

\_\_\_\_\_ Scholarship application (if applicable)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



# 2021 CAMP PARTICIPANT FORM

Group Leaders: **one notarized copy** of this document is required to attend camp. Keep a **photocopy** for yourself to have with you in case of emergency.

Camp Location/Date: Trinity Pines July 26-30

### Church Information:

Name of Church: FBC Hurst  
Group Leader: Deni Morrow Group Leader's Cell #: (817) 235-4390  
Church Address: PO Box 54866 City: Hurst ST: Tx ZIP: 76054

### Participant Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Grade Completed (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Numbers - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

### Medical and Insurance Information:

Generally, Participant's Health is: (Check One)  Excellent  Good  Fair  Poor

If Fair or Poor, please explain: \_\_\_\_\_  
List any medical difficulties which are currently being treated: \_\_\_\_\_  
List any medicines or substances to which you are allergic: \_\_\_\_\_  
List any medications you are currently taking: \_\_\_\_\_  
List any special diet or special needs (Group Leader should note this on housing list): \_\_\_\_\_  
Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_  
By signing below, I verify that I/my child am/is current on immunizations or exempt for reasons of moral conscience.

Family Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**In consideration of Participant's ability to participate in the event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian):**

**A. Permission For Medical Treatment:** Hereby grant my permission for any church staffer or counselor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.

**B. Acknowledgement and Permission:** Hereby acknowledge that any activity involves the potential for contact with someone other than camp staffers (i.e. employees at a non-Lifeway sponsored event, church volunteers, etc.). I further acknowledge that if Participant is attending a camp with:

- 1. **Recreation Event Activities** that those may include but are not limited to 1) initiative games, high and low challenge courses, outdoor education, paintball, aquatics (including beach activities where applicable), 2) climbing or descending unpredictable and possibly slick or uneven terrain, 3) activities leading to elevated heart and respiratory rates, 4) traveling long distances in remote settings, 5) carrying weight on your back and shoulders, 6) encountering unforeseen forces of nature and weather, 7) experiencing uncomfortable group dynamics.

- 2. **Mission Event Activities** that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care, 3) experiencing uncomfortable group dynamics.

**C. Photograph/Video Acknowledgement and Permission:** Acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

**D. Covid-19:** I acknowledge it is my responsibility to ensure that myself and/or the minor listed above engage in all safety measures suggested or required by the Centers for Disease Control (CDC) and applicable local ordinances or state law concerning COVID-19. In addition, if at any time I believe that conditions are unsafe or that the minor listed above is unable to participate due to physical or medical conditions, then I will immediately discontinue their participation. I understand that despite diligent hygiene measures and compliance with the law, there is no guarantee that infectious transmission will not occur.

**E. Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless Lifeway Christian Resources of the Southern Baptist Convention ("Lifeway"), the venue, church, project and event sponsors and state conventions as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor

child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to my or my minor child's dismissal from the project and/or event, as applicable.

**F. Understanding.** Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same may be provided to venue.

**G. In expectation of continuing COVID concerns, a "2021 Camp Health Questionnaire" will be provided online and emailed to Group Leaders by April 15th to be completed for each participant prior to arrival at camp.**

## THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

Complete and sign below (Consent by a parent or guardian is required for those under the age of majority which varies by state. For example, in Alabama and Nebraska consent is required for those under 19 years of age).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if Participant is a minor)

## NOTARY ACKNOWLEDGEMENT

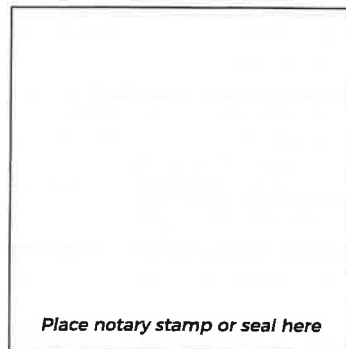
The State of \_\_\_\_\_ the County of \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing is true and correct. Witness my hand and official seal.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_



# 2021-2022 Medical and Surgical Waiver

First Baptist Church of Hurst • 1801 Norwood Dr • Hurst, TX 76054

## INSTRUCTIONS:

The 2021-2022 Medical and Surgical Waiver will apply to all student events, trips and projects from **January 1, 2021 through December 31, 2022**. In the event that a participant needs medical attention, this waiver will provide an adequate and current record of the student's medical information, and parental permission for First Baptist Church of Hurst as well as the hospital. Please be thorough with each answer. It is the responsibility of the parent or guardian to keep this information current. After completing the form, have it notarized in the space provided, as this is a requirement at many hospitals.

## PERSONAL INFORMATION:

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parents'/Legal Guardian's Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home- \_\_\_\_\_ Business- \_\_\_\_\_ Cell- \_\_\_\_\_

## MEDICAL INFORMATION:

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List below (or write "none") any physical defects or conditions that the participant has such as: allergies, asthma, nervousness, headaches, dysmenorrhea, etc.

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

Should the participant at any time require medical attention, list any special information (or write "none") which the physician might require such as: allergic to penicillin, rare blood type, etc.

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

Are the student's immunizations current?  Yes  No

Date of last Tetanus: \_\_\_\_\_

## MEDICAL INSURANCE:

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Check here if participant has NO medical insurance.

**WAIVER:**

❶ TO BE FILLED OUT BY PARENTS OR LEGAL GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OF AGE

I, the parent and/or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give said minor permission to participate in any and all activities at First Baptist Church of Hurst, Texas, for which he/she, with my approval, registers to participate. I further expressly grant permission for said minor to participate in all activities while an active participant on trips and church events. If in the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the First Baptist Church of Hurst, Texas staff, its representatives, the sponsors, or any attending physicians to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do hereby release, acquit, discharge and covenant to indemnify and hold harmless First Baptist Church of Hurst, Texas, its staff and/or representatives, the sponsors, and/or any attending physician from any and all claims, damages, actions, and causes of action of any nature, including but not limited to negligence, damages, and liabilities, arising out of the treatment of any sickness and/or accident and any related risks and dangers thereto, from financial responsibility for all medical treatment provided during the attendance of any student ministry events. I also assume responsibility for providing and paying for return transportation of said minor from the event location should it be necessary for disciplinary reasons.

Parents'/Legal Guardian's Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

❷ TO BE FILLED OUT BY PARTICIPANTS WHO ARE CURRENTLY 18 YEARS OF AGE OR OLDER, AND ALL SPONSORS

I am 18 years of age or older and have read the above Medical and Surgical Waiver for minors and agree to the same terms. I hereby release, acquit, discharge and covenant to indemnify and hold harmless First Baptist Church of Hurst, Texas and/or its staff, representatives and/or sponsors, or any attending physician, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any student ministry events. I also assume responsibility for providing and paying for return transportation from the event location should it be necessary for disciplinary reasons.

Adult Participant's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**NOTARIZATION:**

Sworn and subscribed before me, a NOTARY PUBLIC, on this, the \_\_\_\_\_ day of, \_\_\_\_\_, 20\_\_

\_\_\_\_\_, Notary Public

My commission expires: \_\_\_\_\_

Student Name:



## Attributes that make CentriKid Successful

Please read each of the following and initial if you feel that you possess the attributes that would make Camp a successful experience for you. Parents, as you talk through them with your child, make sure that you feel your child is mentally, physically and emotionally ready for camp.

Student	Parent	Leader	I understand that...
			There will be long days. I need to be up on time and to bed on time (6:30am and 10:30pm)
			I need to participate in all activities, even when it's hot or when I'm tired.
			I will be in a room with 1 or 2 others. I need to keep my area neat. I will be a kind and polite roommate.
			I will be responsible for taking a shower daily and keeping myself clean including teeth, hair, body and clothes.
			I will be responsible to any adult. I will respect them and follow their directions.
			I will need to wear sunblock and bug spray everyday.
			I will eat healthy meals. If there are foods I am not allowed to eat at home, I will not eat them at camp. I will listen to my leaders about what I can and cannot eat.
			I will drink LOTS of water everyday. I will fill my water bottle with ONLY water.
			I need to be able to keep up. Camp takes lots of energy. Unless I am injured, I will be on time and keep up with my group.
			I will be in a group and will never go anyplace alone.
			I will leave my cell phones and electronics at home.
			I am expected to follow the camp dress code. I will also make sure to bring clothes and shoes that are comfortable and appropriate for all the things we get to do.
			I should be able to keep track of my things. We carry a backpack with Bible and water bottle everywhere we go.
			I will be sleeping away from home and will do great at it!

Parent Signature: We feel, based on the list above, that our child is equipped mentally, physically and emotionally for camp. \_\_\_\_\_

# Event Scholarship Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event Name: \_\_\_\_\_ Cost: \_\_\_\_\_

Amount of Scholarship Applying for: \$ \_\_\_\_\_

Please briefly describe why this event is important to you and what you hope to receive/accomplish by attending:

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Have you participated in any fundraisers leading up to this event?

Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly describe how this scholarship would benefit your family:

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For Office Use Only

Total Amount of Scholarship \$ _____	Initials _____
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**By filling out and submitting this scholarship form, students are not guaranteed a scholarship for any event. Scholarships are applied according to available funds. Students will be notified concerning scholarship statuses. The Children's Ministry staff will work diligently to make sure money is never a reason for a student to not attend a Children's Ministry event.**