

# STUDENT & ADULT REGISTRATION FORM



Type or print legibly in ink. Make sure all signatures are on form.

Online registration must be completed by May 3, 2019 to ensure the Early-Bird Student rate. All forms must be physically mailed to the Missouri Baptist Convention. DEPOSITS ARE NON-REFUNDABLE!  
 Final registration changes are due by June 3, 2019. Please send all forms and deposits to:

Missouri Baptist Convention  
 Attn: Super Summer  
 400 East High St.  
 Jefferson City, MO 65101

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Church: FAITH BAPTIST CHURCH City/State: Festus, MO

WEEK YOU WISH TO ATTEND:

~~\_\_\_\_\_~~ Week 1: June 10-14, 2019 – SBU, Bolivar, MO

X Week 2: June 17-21, 2019 – HLGU, Hannibal, MO

APPROPRIATE TEAM: (match with school grade in Fall 2019, unless applying for Leadership)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Red (7 <sup>th</sup> or 8 <sup>th</sup> ) | <input type="checkbox"/> Blue (9 <sup>th</sup> )   | <input type="checkbox"/> Orange (10 <sup>th</sup> ) |
| <input type="checkbox"/> Yellow (11 <sup>th</sup> )                | <input type="checkbox"/> Green (12 <sup>th</sup> ) | <input type="checkbox"/> Silver (College Freshman)  |
| <input type="checkbox"/> Next Level                                | <input type="checkbox"/> KALEO                     | <input type="checkbox"/> ENGAGE (Adult)             |

T-SHIRT SIZE (Circle correct size below; t-shirt is included in registration cost.)

S    M    L    XL    XXL    3XL    Other \_\_\_\_\_

I have read, understand, and agree to abide by the *Super Summer Rules*. I also understand that only students who are able to attend the whole week of camp will be allowed to participate, and **no late arrivals or early departures are allowed.**

The Missouri Baptist Convention will be videotaping and photographing at this event for possible inclusion in future materials such as web and DVD formats for advertisement, newsletters, and other promotional platforms.

By your signature of agreement to the terms and conditions, you are giving Missouri Baptist Convention your consent to videotape, record, and cablecast you/your Child's picture, likeness, voice and statements. If this poses a threat to compliance with any Missouri state laws that might apply to the participant, please call our office at 573.636.0400 ext. 365.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if Participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

# MEDICAL RELEASE FORM

Type or print legibly in ink. Make sure all information requested is given.



Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Church \_\_\_\_\_ City/State \_\_\_\_\_

In event of emergency notify:

Name	Home Number	Work Number	Cell Phone Number
1. _____	(____) _____	(____) _____	(____) _____
2. _____	(____) _____	(____) _____	(____) _____

Allergies (reactions to foods, drugs, insects) \_\_\_\_\_

Do you have – or have had in the past – any medical conditions (such as asthma, heart trouble, TB, migraine headaches, nervous disorder, stomach trouble, mono, diabetes, cancer, etc.) of which the MBC should be made aware? (Circle One)      Yes      No

Please list and explain \_\_\_\_\_

Medications taking (and reason) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you able to take Tylenol or other aspirin medications? \_\_\_\_\_  
(Month)      (Year)

The person described on this registration form has my permission to be in all Super Summer activities at the place named herein and on the dates named herein, except as noted by me. If a medical emergency should arise while my child or ward is at Super Summer or in transit to Super Summer and I cannot be reached, I consent and give my permission to the trip director or representative of Super Summer to select a physician and/or hospital for my child's or ward's care. I also give the physician and/or hospital, as selected by the trip director or representative of Super Summer, my permission to hospitalize, treat, give x-rays, tests and to order injections, anesthesia, or surgery for my child who is named herein, which may in their sole discretion be necessary and proper under the circumstances. I do release, acquit, discharge and covenant to hold harmless the (Church Name) \_\_\_\_\_ of (City/State) \_\_\_\_\_, the Missouri Baptist Convention, its representatives, the trip director or Super Summer staff, of any and all actions, damages, or liabilities arising out of the treatment of any sickness, or accident incurred by my said child or ward to disclose any information there acquired, if requested. I understand that in the event of a medical emergency requiring medical care, as I have authorized below, all costs for such emergency care ARE MY RESPONSIBILITY and I agree to make payment of all such medical costs. I understand that I will be notified of medical care, and that I must notify my insurance carrier.

Is this participant covered by Health Insurance? (Circle One):      Yes      No

**If "Yes", please attach a copy of his/her insurance card.**

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature (if Participant is under 18) \_\_\_\_\_

Date \_\_\_\_\_



**Waiver and Release of Liability and Conduct Policy**

Disclaimer: Hannibal-LaGrange University is not responsible for any injury (or loss of property) to any person suffered while participating in an activity or event at or while participating in voluntary mission or relief efforts on behalf of Hannibal-LaGrange University for any reason whatsoever, including ordinary negligence on the part of Hannibal-LaGrange University their agents, instructors, sponsors or employees.

In consideration of my participation in certain activities at or on behalf of Hannibal-LaGrange University, I hereby release and covenant not to sue Hannibal-LaGrange University, Hannibal-LaGrange University Board of Trustees, and any of their employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Hannibal-LaGrange University or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in events or activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that some activities are vigorous involving severe cardiovascular stress. I understand that these activities involve certain risks, including, but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs. I am voluntarily participating in these activities with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Hannibal-LaGrange University, Hannibal-LaGrange University Board of Trustees, and any of their employees, instructors, sponsors or agents for any and all claims arising as a result of my engaging in these activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Missouri and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the state of Missouri.

I affirm that I am of legal age and am freely signing this agreement or am a minor and my parent or legal guardian has executed this document. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Hannibal-LaGrange University, Hannibal-LaGrange University Board of Trustees, and any of their employees, instructors, or agents.

There is no use of alcohol, tobacco, or illegal drugs on campus.

There is to be no foul, abusive language, or behavior.

There is to be no gambling of any kind.

There are to be no firearms, fireworks, knives, or weapons of any kind on campus.

I understand and agree to abide by the policies of Hannibal-LaGrange University.

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PRINT (Name of Participant)

SIGNATURE

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Signature of Parent if participant is under 18

Date

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Name of Group/Event