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|-----------------------|-------|
| FOR OFFICE USE | |
| Rm. # | _____ |
| School | _____ |

2019 Super Summer Student Registration Form

Please print legibly (circle the name you normally go by)

Student Personal Information

Last Name: _____
 First Name: _____
 Middle Name: _____
 Address: _____
 City,St,Zip: _____
 Home Phone: _____
 Student Cell Phone: _____
 Email: _____
 Gender: Male Female Grade Fall 2019: _____

Week Attending: 1 2 3

Check which school you will attend below:
 ___ Red (students entering Grade 8 Fall 2019)
 ___ Blue (students entering Grade 9 Fall 2019)
 ___ Orange (students entering Grade 10 Fall 2019)
 ___ Yellow (students entering Grade 11 Fall 2019)
 ___ Green (students entering Grade 12 Fall 2019)
 ___ Silver (high school graduates in 2019)

Have you ever attended Super Summer? Yes No

T-Shirt Size S M L XL 2X Other _____

Church Information

Church attending with: _____
 City: _____ State: _____

Medical Information

If you do not have medical insurance check here
 Company: _____
 Policy Number: _____
 (staple a copy of your insurance card front & back)
 Date of birth: _____
 Date of last tetanus: _____
 Physical Limitations: (diabetes, migraines, asthma)

 Medications allergic to: _____

Emergency Contact Information

Name: _____
 Relationship: _____
 Cell Phone: _____

*Special Accommodations: Yes No
 *If yes, email Ronda: ronda@supersummeroklahoma.com

Waiver and Release of Liability

The following is a WAIVER AND RELEASE OF LIABILITY which releases Super Summer and it's affiliates, associates, officers, employees, agents, servants, directors, volunteers, representatives, sponsors and any others (hereinafter Releasees) who may or could be liable for any claims, losses, liability, fault, damage, injury to person or property, medical bills or any other loss or claim which the undersigned have or could have as a result of any alleged incident, claim, negligence, act and/or omission of any kind or character. The undersigned forever discharges, releases and holds harmless Super Summer, it's affiliates, associates, officers, employees, agents, servants, directors, volunteers, representatives and sponsors from any allegations of any kind, including, but not limited to, negligence, breach of duty of claims in regard to the undersigned and any and all persons who the undersigned represent regarding attendance at any Super Summer Camp of activity.

The undersigned agrees to hold harmless, indemnify and defend Releasees from claim, damage, injury, loss or suit, including any claims by third parties and agree to indemnify Releasees for any loss or liability arising out of any Super Summer Camp or activity, even if Super Summer, it's agents, servants, employers are negligent or alleged to be negligent.

Parent/Guardian or Student if 18 _____ Date _____

Address _____ Phone _____

Last Name _____ First Name _____ Circle School Red Blue Orange Yellow Green Silver

Student Name: _____ Church: _____ School Color: _____

SUPER SUMMER OKLAHOMA STUDENT APPLICATION

Every student desiring to attend Super Summer Oklahoma must be personally interviewed by their Minister of Youth or Leader of his/her youth group. This interview is a part of the Registration. You will need to attach this completed Interview with your Registration Form.

1. Have you ever accepted Jesus Christ as your personal Lord and Savior? Yes No
Please write your journey with Christ in the space below. Use the following outline below:

Describe how you came to Christ. Be Clear

Describe how this has impacted your life. Be specific.

A. Provide an accurate description of your walk with Christ at this time. Be honest.

2. Attendance and active participation in your church and its total youth program is extremely important in the standards expected by Super Summer. Fill in the bubble which accurately describes your attendance in the following.

Weekly Often Seldom Never

Small Groups/Discipleship

Church Worship Services

Mid-week Bible Studies

Camps, Retreats

Other: (mission opportunities etc.)

3. Please write a sentence to give us your prayer and/or vision for each group listed below.

Your youth group?

Your family?

Your friends outside your youth group?

4. Check the appropriate box for the following:
- | | |
|--------------------------|--------------------------|
| A. Moral Purity is: | B. Drugs/Alcohol is: |
| 1. A Struggle/Stronghold | 1. A Struggle/Stronghold |
| 2. A Victory/Testimony | 2. A Victory/Testimony |
| 3. Never Been an Issue | 3. Never Been an Issue |
-
- | | |
|--------------------------|--------------------------|
| C. Tobacco is: | D. Self Worth is: |
| 1. A Struggle/Stronghold | 1. A Struggle/Stronghold |
| 2. A Victory/Testimony | 2. A Victory/Testimony |
| 3. Never Been an Issue | 3. Never Been an Issue |
5. Activities you do daily, or with some degree of regularity:
Read my Bible
Have a daily intimate time with Christ
Memorize Scripture
Prayer Life
6. Witnessing to the lost is very important to Super Summer. Briefly and specifically describe your most recent witnessing encounter.
7. If you attended Super Summer last year, specifically explain how you applied what you learned when you returned home. Check here if you did not attend last year.
8. Any other questions or issues that you would like to discuss with your Youth Pastor/leader.

My Contract with Super Summer Oklahoma

I am a dedicated Christian and sign this contract with Super Summer Oklahoma and the Lord Jesus Christ promising to support and uphold all rules and regulations set forth for Super Summer. I will attend all school sessions, be on time, participate in every activity planned by Super Summer Officials, be in my dorm by curfew each night, and conduct myself in a Christ-like manner in every way. I desire God to speak to me and to others during Super Summer.

BY SIGNING MY NAME, I AGREE TO WILLINGLY ABIDE BY THE RULES, GUIDELINES, AND SCHEDULES SET FORTH BY SUPER SUMMER OKLAHOMA AND ITS LEADERSHIP STAFF.

Print Name

Signature

Signature of Youth Pastor or Group Leader

Church/City

Grade (Fall 2019)

Name _____

Church _____

Date of birth _____

Last Name

Student Health History

Medical Release Information

Allergies: (Food, Insect, Seasonal, Environmental or Medications)

Does the student take medications regularly? If so, please list:

| Medication | Dosage | How often (Example: once daily) | Reason for taking |
|------------|--------|---------------------------------|-------------------|
| | | | |
| | | | |
| | | | |

Please list any medication conditions that would be helpful to know:

Date of Last Tetanus _____ Immunizations Current? Yes No

Medical Insurance _____ Policy # _____

First Name

Over-the-Counter Medications

I **do** authorize Super Summer Oklahoma nursing staff to assess and provide treatment for health related problems, minor illnesses/injuries. This may include, but not limited to over-the-counter medications such as: Tylenol, Ibuprofen/Advil, Antacids (Tums), Antihistamines (Claritin) etc.

Signature of guardian (consent for treatment)

Date

I **DO NOT** authorize Super Summer Oklahoma nursing staff to provide treatment/administer over-the-counter medications to my child for minor health related problems.

Signature of guardian (refusal of treatment)

Date

Church

Wavier and Release of Liability

SILVER SCHOOL STUDENT INTERVIEW INFORMATION

Super Summer has seen the positive, outreaching results of Silver School students making connections as they enter their first year of adulthood. In helping to establish a supporting network, Super Summer is gathering the following information from attending Silver School Students.

Name _____

Church Name _____ City _____

Email _____

Social Networks: FaceBook Twitter Other _____

Plans after high school:

Higher Education: College Name _____

Vo-Tech/Trade School: Institution Name _____

Workforce

Military: What Branch? _____

My greatest fear for this next year is:

My greatest excitement for this next year is: