

**FOR OFFICE USE**

BGC \_\_\_\_\_  
 Vol Form \_\_\_\_\_  
 Rm. # \_\_\_\_\_  
 School \_\_\_\_\_

# 2019 Super Summer Team Leader Registration

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

Last Name

First Name

**Team Leader Personal Information**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City,St,Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
 Gender:    Male    Female                      Age: \_\_\_\_\_  
 Week Attending:        1        2        3  
 Have you ever attended Super Summer?    Yes    No  
 If yes, (check at least one) as a:  
                          Student        TL        Other \_\_\_\_\_  
 T-Shirt Size    S    M    L    XL    2X    Other \_\_\_\_\_

**Church Information**

Church attending with: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 \*Special Accommodations?    Yes    No

\*If yes, email Ronda: [ronda@supersummeroklahoma.com](mailto:ronda@supersummeroklahoma.com)

**BCM Info:** Do you attend BCM?    Yes    No  
 Name of BCM: \_\_\_\_\_  
 BCM Director Signature: \_\_\_\_\_  
 Member/Volunteer recommendation form and background compliance form will need to be submitted

**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: \_\_\_\_\_

**My Contract with Super Summer Oklahoma**

As a Super Summer Team Leader, I will attend all required Team Leader Training sessions on Saturday thru Monday before the week I am attending. I will remain on campus until Friday afternoon of my camp week. 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. I will conduct myself in a Christ-like manner in every way. I desire God to speak to me and to others during Super Summer. I have read and will adhere to Super Summer policies, dress code and rules.

Team Leader Signature \_\_\_\_\_

**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 \_\_\_\_\_

# SUPER SUMMER OKLAHOMA TEAM LEADER APPLICATION

Name \_\_\_\_\_ attending Super Summer with \_\_\_\_\_ City \_\_\_\_\_  
(Church)

BCM: \_\_\_\_\_ Check one: Age 20 or younger. Age 21 or older

1. Have you ever served as a Team Leader at Super Summer Oklahoma before? Yes No  
If yes, what is the most current year you served and with what church did you attend?

\_\_\_\_\_

If yes in 2018, what school were you a TL in? \_\_\_\_\_  
If No, do you have experience leading youth in small group discussions? Briefly Describe

2. Explain in detail why you want to be a Team Leader at Super Summer:

3. Describe your salvation experience. Include how God drew you to Himself and how your life has been impacted by knowing Christ.

## Church History

Present church membership: \_\_\_\_\_ City/State: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ How long have you been a member? \_\_\_\_\_

List other churches where you have been a member?

Church Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Church Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Describe any work, paid or volunteer, you've done that involved youth or children?

\_\_\_\_\_  
Youth Pastor/Leader Signature

\_\_\_\_\_  
Date

### To be completed by Youth Pastor

Team Leaders twenty and younger will be placed in Red, Blue and Orange schools.

Team Leader Recommendations

Younger Schools (Red, Blue, Orange)

Older Schools (Yellow, Green, Silver)

No Preference

I request this TL in my school. School \_\_\_\_\_ (one TL is required per church)