

Individual Registration Form

Please type or print legibly in ink. Please double check that all signatures are on this form.

Name: _____ Gender at Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____ City/State: _____

Session you wish to attend:

_____ Week One: June 19-23, 2023 at Hannibal-LaGrange University, Hannibal, MO

_____ Week Two: June 26-30, 2023 at Southwest Baptist University, Bolivar, MO

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

Please type or print legibly in ink. Please double check that all signatures are on this form.

Name: _____ Gender at Birth: _____ DOB: ____/____/____

Age: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Church: _____ City/State: _____

In event of emergency notify:

Name	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

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 OTC painkillers? _____
(MM) (YYYY)

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

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

Release: *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.*

Participant Signature _____ Date _____

Parent/Guardian Signature (If participant is under 18) _____ Date _____

Church Roster/Roommate Reference Form (Female)

Church _____ City/State _____

Use this sheet to indicate each participant's roommate preference. Two people will be placed in each room – please plan accordingly. We will do our best to put your students together and adults together as they are listed on this sheet. Please note there is a separate form for male and female participants. All Super Summer participants from your group must be listed on the Church Roster Form – **including all adults/leaders.**

Name (Female Student/Adults)	Age	Team Name/Color
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____

Church Roster/Roommate Reference Form (Male)

Church _____ City/State _____

Use this sheet to indicate each participant's roommate preference. Two people will be placed in each room – please plan accordingly. We will do our best to put your students together and adults together as they are listed on this sheet. Please note there is a separate form for male and female participants. All Super Summer participants from your group must be listed on the Church Roster Form – **including all adults/leaders.**

Name (Male Student/Adults)	Age	Team Name/Color
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____