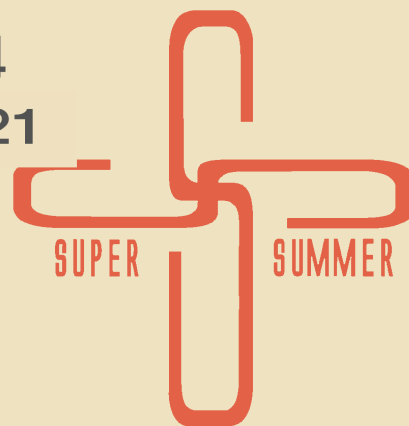




DATES: High School: July 10-14
Middle School: July 17-21

COST: \$230

DEADLINE: **May 14**



**Webster
Conference
Center
Salina, KS**

www.supersummer.net

INFO FOR STUDENTS, PARENTS & SPONSORS

Meet at LSC: July 10/17 9:00 am
Contact Pastor Ryan or Eric for more info

WHAT TO BRING

- Casual clothes which meet the “Super Summer Policies” (see other side)
- Recreation clothes (NOTE: Water games will be in abundance at Super Summer. Appropriate clothing in the form of swimsuits under dark T-shirts & shorts, and shoes that can be wet will be necessary!! Students should bring shoes & clothes which they are comfortable getting wet.)
- Bible and pen
- Personal grooming articles
- Towels and washcloths
- Bedding (Bunks and mattresses are furnished.)
- Swimsuit (Dark T-shirts are required in the swimming areas.)
- Optional: Spending money for snacks, shirts, or other sale items.
- Wristwatch (Students are not allowed to have cell phones at camp.)
- Prescription medication- needs to be in original containers**
- Money for fast food meal**

SUPER SUMMER GUIDELINES

- All youth are required to attend all scheduled sessions.
- There will be no possession or use of tobacco, e-cigarettes, alcohol, and/or drugs except for the purpose of medication. Immediate expulsion may result from violation of this guideline.
- **NEW:** Electronic entertainment devices (ipods, radios, video games, ect.) are not allowed after you get off the bus/van.
- **NEW:** Only Sponsors and Staff may have cell phones after you get off the bus/van.
- Dress is not to distract from the purpose of Super Summer.
The following guidelines will help fulfill this purpose:
 - ALL clothing must have sleeves.
 - Shorts and a dark t-shirt must be worn to and from the swimming areas. Everyone must wear a dark T-shirt while swimming in the pool or lake. Shorts must be worn over swimsuits during B.L.A.S.T, games.
 - Hemlines and necklines must be modest. Backless dresses, and bare midriffs are not allowed. All shirts must be long enough that no skin is visible above the waistband at any time.
 - All shorts must be mid-thigh length or longer. “Message” shorts (those which have writing across the seat of the shorts) are not permitted.
 - Shoes must be worn at all times, except while playing sand volleyball & swimming.
 - Clothing advertising inappropriate secular music groups/individuals, sex, tobacco, alcohol, and/or drugs shall not be worn.
 - Sagging shorts or pants are not allowed.
- Guest Policy:
 - When guests arrive, sign the roster in the Chapel Foyer.
 - Guests are required to obey all guidelines, including dress codes.
 - Guests may not attend Church Group Meetings unless approved by the Camp Director.
 - Non-registered guests will not be allowed to spend the night.

If other guidelines must be set during the camp, they will be explained at an appropriate time.

-OVER-

TENTATIVE SCHEDULE

Monday:

2:00	P.M.	Registration Begins (MP Commons)
2:30	P.M.	Snack Shack, Gym, Rec Hut, Pool & Lake Open
3:00	P.M.	Registration Closes
4:30	P.M.	Sponsor Orientation
5:00	P.M.	Snack Shack, Gym, Rec Hut, Pool & Lake Close
5:30	P.M.	Dinner
7:00	P.M.	Kick-Off and Worship(Chapel)
8:30	P.M.	B.L.A.S.T. Team Formation
9:00	P.M.	Youth- Family Groups/ Adults- Fellowship Time
9:45	P.M.	Church Group Meetings(Assigned Locations)
11:00	P.M.	In Assigned Dorm Building
11:30	P.M.	Prayer Time
11:45	P.M.	Lights Out/ All Quiet

Tuesday - Thursday:

7:40	A.M.	Prayer Meeting (Optional) Youth (Chapel)/ Adults (Dining Hall)
8:15	A.M.	Breakfast
9:05	A.M.	Quiet Time (Assigned Church Group Meeting Locations)
9:40	A.M.	Older Youth- Family Groups/Younger Youth- Chapel
10:25	A.M.	Younger Youth- Family Groups/ Older Youth- Chapel
11:15	A.M.	B.L.A.S.T. Games
12:40	P.M.	Lunch
1:40	P.M.	EXTRA B.L.A.S.T.
2:30	P.M.	Challenge Course/Snack Shack/Pool/Lake/Gym/Rec Hut Open
5:00	P.M.	Challenge Course/Snack Shack /Pool/Lake/Gym/Rec Hut Close
6:00	P.M.	Dinner
7:00	P.M.	Worship (Chapel)
8:45	P.M.	Church Group Meetings
9:45	P.M.	Late Night
11:00	P.M.	In Assigned Dorm Buildings
11:30	P.M.	Prayer Time
11:45	P.M.	Lights Out/ All Quiet

Friday:

7:40	A.M.	Prayer Meeting (Optional) Youth (Chapel)/ Adults (Dining Hall)
8:15	A.M.	Breakfast
9:05	A.M.	Quiet Time/ Church Group Meeting (Assigned Locations)
9:40	A.M.	Older Youth- Family Group, Younger Youth- Pack and Clean Rooms
10:00	A.M.	Younger Youth- Family Group, Older Youth- Pack and Clean Rooms
10:35	A.M.	Worship Finale (Chapel)
11:45	A.M.	Head for Home*

* A sack lunch will be provided at no extra charge for those who desire this service.

YOUTH REGISTRATION FORM SUPER SUMMER 2017

PLEASE PRINT LEGIBLY

NAME _____

CHECK ONE: MALE FEMALE

ADDRESS _____

CITY/ST/ZIP _____

HOME PHONE () _____

CHURCH NAME _____

CHURCH CITY/ST _____

DO YOU HAVE ANY SPECIAL NEEDS?
 YES NO
 If yes, explain _____

CHECK ONE WEEK:
 June 26-30, 2017 July 17-21, 2017
 July 3-7, 2017 July 24-28, 2017
 July 10-14, 2017 July 31-Aug 4, 2017

CHECK THE GRADE YOU WILL BE
ENTERING THIS FALL:
 7th 8th 9th 10th 11th
 12th H.S. Graduate in Spring 2017

BIRTHDATE: / / AGE: _____

T-SHIRT SIZE:
 Small Medium Large X-Large
 XX-Large (add \$2.00 to the reg. fee)
 XXX-Large (add \$2.00 to the reg. fee)

NOTE: If no shirt size is indicated, you will receive an XL shirt.
 KNCSB will be videotaping and photographing this event. Most likely, you will be filmed, recorded or photographed as part of a group or individually. By your attendance, you are granting permission to be videotaped or photographed and agree to the following: being recorded, filmed, videotaped, or photographed by any means; any use of your likeness, voice, and words without compensation; specifically waiving all rights of privacy during videotaping, filming, recording, or photographing and release KNCSB from liability for loss, damage, or compensation for the use of your likeness, image, voice, or words; in compliance with all rules and regulations of KNCSB for this event.

WEBSTER CONFERENCE CENTER CHALLENGE COURSE AGREEMENT

Agreement to Participate, Assumption of Risk and Release of Liability

Instructions: If you wish to participate in the Challenge Course, complete all of the following information on this form. If you do not wish to participate, sign in the box below and skip the remainder of this form.

I DO NOT wish to participate on the Challenge Course.
(If you have signed your name in this box, do not complete the following information.)

Whereas, I the undersigned wish to participate on the Challenge Course of Webster Conference Center of Salina, Kansas, I acknowledge that during the activities in which I will participate, there will be a certain amount of risks and danger. These risks include, but are not limited to, depending on other people and being at various heights (ground to 35'), and accidents. I recognize that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity. My health form is current and accurate, and I understand it is solely my responsibility to determine where there is any medical reason that I should not participate. I also state that I am not under the influence of any chemical substance, including alcohol.

I have and do hereby assume all the above risks and any other ordinary risk incidental to the activity that are not specifically foreseeable, and will hold Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss. In short, I will not sue Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates. This is binding on me, my executors, heirs and next of kin, successors and assigns, or anyone else who might sue or claim on my behalf. I also understand that my physical activity involves risk of injury, and I have entered into this activity voluntarily and take full responsibility for my decision to participate or not to participate and I agree to follow all safety instructions.

Student Sign Here _____

Signature of Parent/Guardian is required if Participant is under 18:
 Parent Sign Here _____

Parent's Address _____

City/State/Zip _____

Employed by _____

Daytime Phone () _____

Evening/Night Phone () _____

Cell Phone () _____

Name of Physician: _____

City, ST _____

Physician's Phone () _____

This section **MUST** be completed if the student desires to participate on any Challenge Course elements.

Do you frequently suffer from pains in your chest?
 YES NO

Do you often feel faint or have spells of severe dizziness?
 YES NO

Has a doctor ever told you that you have high blood pressure?
 YES NO

Has a doctor ever told you that you have heart trouble?
 YES NO

Has a doctor ever told you that you have epilepsy?
 YES NO

Has a doctor ever told you that you have asthma?
 YES NO

Has a doctor ever told you that you have diabetes?
 YES NO

Are you currently sick, in treatment and/or using a medication(s)?
 YES NO

If yes, explain _____

List any Allergies (incl. drugs): _____

Other Medical Needs: _____

Have you had any operations or serious injuries in the last three months?
 YES NO

If yes, please list _____

Do you have arthritis, joint or back problems that might be aggravated by exercise?
 YES NO

Have you been restricted from sports or swimming for any reason?
 YES NO

If yes, explain _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?
 YES NO

If yes, explain _____

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, and any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such parties unless and until actual notice or knowledge of such revocation or termination shall have been received by such parties, and I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such parties from and against any and all claims that may arise against such parties by reason of such parties having relied on the provisions of this instrument.

MEDICAL RELEASE FORM

Name _____ Birthdate ____/____/____ Age _____
Address _____ City/ST/Zip _____
Church Name _____ City, ST _____
Parent/Guardian Name _____ Employed by _____
Home Address *(If different from above)* _____ City/ST/Zip _____
Daytime Phone (____) _____ Evening Phone (____) _____ Cell Phone (____) _____
Name of Physician: _____ City, ST _____ Phone (____) _____
Are you currently taking medicine or treatment? yes no
List all medications: _____
_____ **Please send all medications to camp in their original containers** _____
Have you been restricted from sports or swimming for any reason?
 yes no If yes, explain _____
Date of last Tetanus Toxoid Immunization: Month _____ Year _____

Do you have:
 Sinus Trouble/Hay Fever
 Heart Trouble
 Epilepsy
 Asthma
 Diabetes
 Communicable Diseases
If yes, explain _____

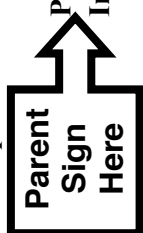
Food Allergies: _____
Drug Allergies: _____
Other Medical Needs: _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?
 yes no If yes, explain _____

EMERGENCY MEDICAL AUTHORIZATION

Event: _____ Today's Date _____

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with my child or to any Kansas-Nebraska Convention of Southern Baptists staff person, or their designee, who is present at the above mentioned event to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child.

Parent Sign Here  Parent/Guardian Signature _____
Insurance Company _____ (If not insured, please write "none" on the line above)
Mailing Address to Submit Claims: _____
City, ST, Zip: _____
Policy Number _____
If I cannot be reached, please notify _____ or _____ (____) _____

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, and any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such parties unless and until actual notice or knowledge of such revocation or termination shall have been received by such parties, and I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such parties from and against any and all claims that may arise against such parties by reason of such parties having relied on the provisions of this instrument.

NOTARY SPACE IF DESIRED