



# BREAK OUT



**DATES:** HIGH SCHOOL - JULY 9-13  
MIDDLE SCHOOL - JULY 16-20

**COST:** \$230

**DEADLINE:** MAY 13 (\$270 AFTER)

**WHERE:** WEBSTER CONFERENCE CENTER  
SALINA, KS



# INFO FOR PARENTS AND STUDENTS

**Meet at LSC at 9:00am to load and leave on Monday**  
**Contact Pastor Ryan for more info**

## WHAT TO BRING

- ❑ Casual clothes which meet the "Super Summer Policies" (see below)
- ❑ Recreation clothes (NOTE: Water games will be in abundance. 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 snack, shirts, or other sale items
- ❑ Watch (Students are not allowed to have cell phones at camp)
- ❑ Prescription medication needs to be brought in original containers
- ❑ Money for 2 fast food meals

## SUPER SUMMER POLICIES

- ❑ All youth are required to attend all scheduled sessions.
- ❑ Guys are not permitted in or around the girls' dorm areas and girls are not permitted in or around the guys' dorm areas. The only exception is during scheduled Super Summer class church group activities.
- ❑ There will be no possession or use of tobacco, alcohol, and/or drugs except for the purpose of medication. Immediate expulsion will result from any violation of this guideline.
- ❑ Phones are allowed on the van ride but will be collected when we arrive at camp. They will be handed back out Friday morning to take pictures of friends you have met through the week.
- ❑ Only Sponsors and Staff may have cell phones during the week of camp.
- ❑ Dress is not to distract from the purpose of Super Summer.
  - ALL clothing must have sleeves.
  - Shorts and a dark t-shirt must be worn to and from the swimming areas.
  - Backless dresses, and bare midriffs are not allowed. Hemlines and necklines must be modest.
  - All shorts must be mid-thigh length or longer. "Message" shorts are not permitted. (Message shorts are those which have writing across the seat of the shorts.)
  - Shoes must be worn at all times. The only exception is while playing sand pit volleyball and swimming.
  - Clothing advertising inappropriate secular music groups/individuals, sex, tobacco, alcohol, and/or drugs shall not be worn.

## FOR FURTHER INFORMATION

If you have any additional questions contact...

Pastor Ryan

402.707.7302

[rjantz@lifespringchurch.com](mailto:rjantz@lifespringchurch.com)

# High School Week

Speaker: Jeffrey Dean / Band: Jason Waller

# Middle School Week

Speaker: Andy Addis / Band: Jason Waller

# Tentative Schedule

## MONDAY:

2:00 P.M.	Registration Begins
2:30 P.M.	Open Recreation (until 5:00)
3:00 P.M.	Registration Closes
4:30 P.M.	Sponsor Orientation
5:30 P.M.	Picnic Dinner
7:00 P.M.	Kickoff and Worship
8:30 P.M.	B.L.A.S.T. Team Formation
9:45 P.M.	Church Group Meetings
11:00 P.M.	In Assigned Dorm Buildings
11:30 P.M.	Dorm Prayer Time
11:45 P.M.	Lights Out/All Quiet

## TUESDAY - THURSDAY:

7:40 A.M.	Prayer Meeting (Optional)
8:15 A.M.	Breakfast
9:05 A.M.	Quiet Time in Church Groups
9:40 A.M.	Chapel & Family Groups
11:20 A.M.	B.L.A.S.T. Games
12:40 P.M.	Lunch
1:40 P.M.	Recreation & Free Time
6:00 P.M.	Dinner
7:00 P.M.	Worship
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.	Dorm Prayer Time
11:45 P.M.	Lights Out/All Quiet

## FRIDAY:

7:40 A.M.	Prayer Meeting (Optional)
8:15 A.M.	Breakfast
9:05 A.M.	Quiet Time
9:30 A.M.	Pack & Clean/Family Groups
10:35 A.M.	Worship Finale

# YOUTH REGISTRATION SUPER SUMMER 2018

NAME \_\_\_\_\_

CHECK ONE: ☐ MALE ☐ FEMALE

ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

CHURCH NAME \_\_\_\_\_

CHURCH CITY/ST \_\_\_\_\_

DO YOU HAVE ANY SPECIAL NEEDS?

☐ YES ☐ NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

## CHECK ONE WEEK:

☐ June 25-29, 2018 ☐ July 16-20, 2018

☐ July 2-6, 2018 ☐ July 23-27, 2018

☐ July 9-13, 2018 ☐ July 30-Aug 3, 2018

## CHECK THE GRADE YOU WILL BE

### ENTERING THIS FALL:

☐ 7th ☐ 8th ☐ 9th ☐ 10<sup>th</sup> ☐ 11<sup>th</sup>

☐ 12th ☐ H.S. Graduate in Spring 2018

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 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 (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) City, ST \_\_\_\_\_ Cell Phone (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) Phone (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

Name of Physician: \_\_\_\_\_ City, ST \_\_\_\_\_

Are you currently taking medicine or treatment? ☐ yes ☐ no

List all medications: \_\_\_\_\_

Do you have:

<input type="checkbox"/>	Sinus Trouble/Hay Fever
<input type="checkbox"/>	Heart Trouble
<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Communicable Diseases

If yes, explain \_\_\_\_\_

Date of last Tetanus Toxoid Immunization: Month \_\_\_\_ Year \_\_\_\_

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/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 (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

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NOTARY SPACE IF DESIRED

Print Form