

# FAMILY LEADER REGISTRATION

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

Name: \_\_\_\_\_

Church: \_\_\_\_\_  
(Church attending Super Summer with)

Name \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
Last First Middle

Address \_\_\_\_\_  
Street/Box City State Zip

Preferred Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ T-shirt Size:  S  M  L  XL  Other \_\_\_\_\_

Email Address \_\_\_\_\_

Have you attended Super Summer before?  Yes  No If Yes, as a:  Student (and/or)  Family Leader

### School Preference:

- Red School (students entering Grade 8 in Fall)
- Blue School (students entering Grade 9 in Fall)
- Orange School (students entering Grade 10 in Fall)
- Yellow School (for students entering Grade 11 in Fall)
- Green School (students entering Grade 12 in Fall)
- Silver School (high school graduates)

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

### MEDICAL RELEASE INFORMATION

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical limitations (Asthma, Diabetes, Migraine Headaches, Allergies, etc.)  
\_\_\_\_\_

Medications I am allergic to: \_\_\_\_\_

If you do not have Medical Insurance check here.

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

*Please attach a photocopy of your Insurance Card – Front & Back*

**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.

Family Leader: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**My Contract with Super Summer Ohio** As a Super Summer Family Leader, I will attend all required Family Leader Training sessions on the Sunday before the week of Super Summer. I will view any videos presented before I arrive as well. I will remain on campus until Friday. I am a dedicated Christian and sign this contract with Super Summer Ohio 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. \_\_\_\_\_ Initial

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

\_\_\_\_\_

Family Leader Signature

1. Do you have any experience leading youth in small group discussion? If yes, briefly describe.

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

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

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### **CHURCH HISTORY**

Present Church Membership: \_\_\_\_\_ City/State: \_\_\_\_\_

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

Past Church Membership:

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

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

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

Describe any work, paid or volunteer, you have done that involved youth or children.

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Answering affirmatively to the following questions does not necessarily exclude you from service. **Circle your answer.**

- Have you ever been convicted of a felony? -----Yes | No
- Have you ever been *accused* of child abuse? -----Yes | No
- Have you ever been *convicted* of child abuse? -----Yes | No
- Have you ever been *accused* of a crime involving actual or attempted sexual molestation of a minor? -----Yes | No
- Have you ever been *convicted* of a crime involving actual or attempted sexual molestation of a minor? -----Yes | No
- Have you been convicted of a traffic offense in the past 5 years?-----Yes | No

If you have answered “Yes” to any of the above questions, please explain:

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Please read and initial each item to signify your agreement to comply with the following statements:

\_\_\_\_ I agree to nurture and protect the Super Summer students and never engage in behavior that may harm them.

\_\_\_\_ I agree to do my best to prevent abuse and neglect of the students attending Super Summer.

\_\_\_\_ I acknowledge my obligation and responsibility to protect Super Summer students and in the event that I observe or hear of any inappropriate behaviors involving these students, I will immediately report my observations.

\_\_\_\_ I understand that Super Summer will not tolerate abuse or other harm of students and I agree to comply in spirit and action with this position.

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Printed Name

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Signature

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Date

Office Use Only    \_\_\_\_ Copy of Insurance Card    \_\_\_\_ Proof of Background Check