

FAMILY LEADER REGISTRATION

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

Church: _____

City: _____

(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 2014)

___ Blue School (students entering Grade 9 in Fall 2014)

___ Orange School (students entering Grade 10 in Fall 2014)

___ Yellow School (for students entering Grade 11 in Fall 2014)

___ Green School (students entering Grade 12 in Fall 2014)

___ Silver School (high school graduates in 2014)

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 Saturday and Sunday before the week I am attending. I will view any videos presented before I arrive as well. I will remain on campus until Friday afternoon of my camp week. 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

Office Use Only: Family Leader Interview Copy of Insurance Card Dorm Card

Name: _____
Church: _____

FAMILY LEADER INTERVIEW

This interview is a part of the Registration. You will need to attach this completed Interview with your Registration Form.

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

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

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

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.

	Housing/Security Contact Card
<input type="text"/>	
Name	<input type="text"/>
Address	<input type="text"/> (first) <input type="text"/> (middle) <input type="text"/> (last)
City	<input type="text"/> State <input type="text"/> Zip <input type="text"/>
Email	<input type="text"/> Phone <input type="text"/>
Grade in the Fall	<input type="text"/> Other <input type="text"/> Birthday <input type="text"/>
OFFICE USE ONLY	
CHECK-IN	CHECKOUT
<input type="checkbox"/> Checked in _____	<input type="checkbox"/> Checked Out _____
<input type="checkbox"/> Received Key _____	<input type="checkbox"/> Returned Key _____
<input type="checkbox"/> Received Meal Card _____	<input type="checkbox"/> Returned Meal Card _____
ROOM INFORMATION	
Residence Hall _____	
Room Number _____	
<input type="text"/>	