



For Executive Staff:

Dates: July 11-15, 2011

Location: Samford University, Birmingham, AL

Cost:

\$225 with a \$50 deposit due by April 29th.

Remaining Balance is Due June 17th.

**All Executive Staff will be registering on Saturday July 9th
between 12-12:30pm.**

**Additional forms and information can be found at the
Super Summer Alabama website.**

www.supersummeralabama.com

Super Summer Executive Staff Registration Form

Please fill in all blanks in this section

Name _____ Age _____

Address _____ City _____ State/ Zip _____

Occupation _____ Home Phone (____) _____ Mobile (____) _____

Email _____

Church where you are a member _____ How Long? _____

Do you serve on a Church Staff? Yes No

If Yes, what is your ministry title? _____

T-Shirt Size: XS SM MD LG XL XXL XXXL

Number of Years you have participated in Super Summer: 1 2 3 4 5 other: _____

What is your position? Dean Assc Dean TLC Media Worship Rec Evangelism Other: _____

Be Aware that the Super Summer Office will be running a background check on every Adult Leader at Super Summer Alabama.

Are you currently charged or have you ever been charged with a felony or misdemeanor? Yes No

Are you addicted to any substance that would be illegal for a minor to use? Yes No

Have you ever been arrested for a crime involving the alleged abuse of a child? Yes No

If you answered yes to any of the above questions, please explain: _____

We ask all Super Summer Attendees to sign a statement of commitment.

I am a dedicated Christian and sign this contract with Jesus Christ and Super Summer Alabama, committing myself to learn and help others learn. I promise to be positive and model the behavior and conduct that glorifies the Lord. I commit to pray every day of camp that God will speak to me and others during Super Summer.

Signature: _____



Super Summer Alabama Release Form

Participant Name _____ Age _____ Date of Birth ____/____/____
Address _____ City _____ St _____ Zip _____
Name of Church _____ City _____
In case of an emergency notify: _____ Phone #'s – Home: (____) _____
Work: (____) _____ Mobile: (____) _____ Other: (____) _____

Medical Profile

Generally, Participant's Health is: (check one) Excellent ___ Good ___ Fair ___ Poor ___

If Fair or Poor, please explain condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems: Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___

Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach Trouble ___ Hay Fever ___ Other: _____

List any medicine to which participant is allergic: _____

List any Food or Insects participant is allergic: _____

List any previous operations or serious illness: _____

List any medications participant is currently taking & will be bringing _____

Date of last Tetanus Shot: ____/____/____ Are Immunizations up to date? Yes No

Family Physician: _____ Phone: (____) _____

Permission for Medical Treatment, Photograph/Video Notice, and Release and Idemnity

My permission is granted for the Super Summer Alabama Executive Staff, Church official, or adult leader present to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Super Summer Alabama Executive Staff, the Alabama Baptist State Board of Missions, Samford University, and all sponsors from any and all claims, demands, costs, actions or causes of action, past, present or future arising out of any damage or injury in connection with my child's participation in Super Summer Alabama. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Participant's Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Phone (____) _____ Date: ____/____/____

Notary Acknowledgement

STATE OF _____ COUNTY OF _____

I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that the above named person who is known to me, acknowledged before me on this day that, being informed of the contents of the medical release form has executed the same voluntarily for permission to the sponsors of Super Summer Alabama to authorize any needed medical aid in case of emergency.

Given under my hand and official seal, this _____ day of _____, 20 ____.

NOTARY PUBLIC

My Commission Expires: _____



Super Summer Alabama Adult Leadership Waiver

PERSONAL INFORMATION (Please Print)

Last Name _____ First Name _____ Middle Name _____

Home Address: Street _____

City _____

State _____ Zip _____

Phone #'s: Home (____) _____

Work (____) _____

Cell (____) _____

Employment: Employer: _____

Length at current place of Employment: _____

Driver's License Number _____ State Issued _____

Social Security # _____ - _____ - _____

Date of Birth (month/day/year) _____

Leadership Position Holding: **Executive Staff** **Team Leader** **Adult Leader**

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW.

I expressly authorize Super Summer Alabama to make such investigations as it deems necessary in its sole discretion regarding any criminal charges which may have been brought against me, any charges which may have been brought against me for child abuse or attempted sexual molestation of a minor, and any information concerning my personal lifestyle, and I hereby release any person or agency furnishing such information from any and all liability. I also understand that by signing this application I am authorizing Super Summer Alabama to conduct a background check.

SIGNATURE: _____ DATE: _____

