



**For Executive Staff:**

**Dates: July 12-16, 2010**

**Location: Samford University, Birmingham, AL**

**Cost:**

\$225 with a \$50 deposit due by **April 30<sup>th</sup>**.

Remaining Balance is Due **June 18<sup>th</sup>**.

All Executive Staff will be registering on Saturday **July 10<sup>th</sup>** between 2-3pm.

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

**[www.supersummeralabama.com](http://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 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: \_\_\_\_\_

# 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: \_\_\_\_\_