



For Students:

Dates: July 12-16, 2010

Location: Samford University, Birmingham, AL

Cost: \$225 with a \$50 deposit due by April 30th.
Remaining Balance is Due June 18th.

All Registration Forms are to be sent in by your Church. So contact your Youth Minister or the person organizing this event for you.

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

www.supersummeralabama.com

Super Summer Alabama – July 12 - 16, 2010

Student Registration Form

(Please print in black or blue ink)



Last Name _____ First Name _____

School Grade completed by this summer _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____

Birth date: ___/___/___ Age Now _____ Gender: M or F

Church attending Super Summer with: _____

City _____

Please circle your t-shirt size: XS SM MD LG XL XXL XXXL

Number of years you have attended Super Summer: 1 2 3 4 5 Color of last School: _____

Check Appropriate School:

- Red School – Students completing 8th grade attending for 1st time.
- Orange School – Students completing 9th & 10th grade attending for 1st time.
- Green School – Students completing 9th & 10th grade attending for 2nd time.
- Blue School – Students completing 11th & 12th grade attending for 1st time.
- Yellow School – Students completing 11th & 12th grade attending for 2nd time.
- Purple School – Students completing 10th, 11th, or 12th grade attending for 3rd time.

SUPER SUMMER CONDUCT AGREEMENT:

(Note: We MUST have all three signatures to accept this application!)

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 everyday of camp that God will speak to me and others during Super Summer.

Signature of Participant _____ Date _____

Signature of Parent _____ Date _____

Pastor/Youth Minister Support Agreement:

This teachable person dedicated to Jesus Christ demonstrates a desire to be like Him. He or she meets the student or Team Leader profile outlined in the Super Summer registration packet. I heartily support his or her participation in Super Summer.

Signature of Pastor/ Youth Minister _____ 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: _____