



2010
STUDENT
PACKET



Falls Creek 2010

Basics:

1. What are the dates? → July 26 – 31, 2010
2. Who can go? → Students going into the 8th grade through graduating in May 2010
3. Where is Falls Creek? → Davis, Oklahoma www.fallscreekok.com
4. What is Falls Creek? → The largest student church camp in the world!

Important Dates:

- | | |
|------------------------|---|
| July 7 th | Early Registration DUE (\$130) |
| July 21 st | Mandatory Parent & Student Meeting @ 7:45PM in the church sanctuary
Late Registration Deadline (\$160) |
| July 26 th | Leave for Falls Creek |
| July 31 st | Return to Claremore |
| August 4 th | Falls Creek Service in the sanctuary |

Cost:

- The cost covers: 3 meals a day + drinks + snacks + t-shirt + insurance + registration + room
- Early Registration = \$130 per student, due on July 7th
- Late Registration = \$160 per student, due on July 21st
- FAMILY Discount: If more than one student from the same family is going, the following discount is available, *but must be turned in by the early registration date* (July 7th):
 - 2 students from the same family total cost: \$230 (save \$30)
 - 3 students from the same family total cost: \$315 (save \$75)
 - 4 students from the same family total cost: \$400 (save \$120)

What You Need To DO:

1. Completely fill out, sign, and return the Falls Creek release form with payment.
2. Completely fill out, sign, and return the FBC Claremore release form if you do NOT already have one on file for 2010. NOTE: This form must be notarized.
3. ATTEND the Parent & Student meeting. This is mandatory.

Parent & Student Meeting:

- Wednesday, July 21st @ 7:45 PM in the Sanctuary.
- Students AND a parent/guardian must attend.
- A notary public will be available free of cost.
- Detailed information, rules, guidelines, schedule, and other important information will be covered.
- Forms and late registration are due at this meeting.

For More Information:

Visit www.fbclaremore.com/students or email scott@fbclaremore.com or call 918-341-8181

FALLS CREEK 2010 STUDENT CAMPER RELEASE AND WAIVER CLAIMS FORM

Student Name: _____

Host Church: First Baptist Church, Claremore Cabin: FS Del City
 Camper Name: _____ Age: _____ Grade This Fall: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 In Emergency Notify: _____ Relationship: _____
 Home Phone: _____ Cell or Work Phone: _____
 Secondary Emergency Contact: _____ Phone: _____

1. Does camper have any known allergies or is camper unable to take any medication? Yes No If yes, what? _____
2. Does camper presently take any medications regularly? Yes No If yes, what medications? _____
 For what reason? _____
3. List any other medical condition(s) that would be helpful to know: _____
4. Date of last tetanus immunization: _____
5. The above named child has current medical insurance coverage through:
 Insurance Company: _____ Name on Insurance Policy: _____
 Insurance Company Phone Number: _____ Policy Number: _____
 Mailing Address for Medical Claims (see back of insurance card): _____
 City: _____ State: _____ Zip: _____
6. Does your insurance company require notification prior to emergency health care at a hospital? Yes No If yes, Phone Number: _____
7. Will a parent of the Camper attend Falls Creek during the same period of time as the Camper? Yes No If yes, name of parent: _____

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child, _____ will be attending Falls Creek during the summer session, 2010. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that my child should need emergency medical care or attention, the Host Church leadership, the BGCO or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that the Host Church or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church n. the BGCO is responsible for the action of these third party contractors. I further agree that neither the Host Church nor the BGCO is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

Furthermore, in consideration of my child being allowed to attend Falls Creek camp, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, the BGCO, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at Falls Creek, and (2) injuries arising from the decision of the leadership of the Host Church, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to my child.

I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the Host Church, the BGCO, and any of their staff or agents to inspect my child's belongings while at Falls Creek.

I understand that Falls Creek is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.

I have received and read the Parent Information about Falls Creek including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information.

Signature: _____ Relationship to child: _____ Date: _____

All students attending Falls Creek must have a parent or guardian complete and sign this release form. This form must be turned in to the Falls Creek staff during registration on the first day of camp.

Optional OBU Information Form - The following portion of this document is to be removed from the above by Falls Creek and used by OBU to verify the student's eligibility for the camp scholarship of \$1,000 (once they are in grades 9-12). It will also be used for prize drawings at the end of the week. It is not a required part of this form.

Student's First Name										Student's Last Name										Male	Female	Grade	Date of Birth (mm/dd/yy)			
Mailing Address										City		State		Zipcode												
Phone Number (including area code)										Student's E-mail Address																

Church: First Baptist Church, Claremore

**PERMISSION RELEASE FORM
PARTICIPANT/PARENT/GUARDIAN WAIVER AND INDEMNITY AGREEMENT**

Claremore First Baptist Church
107 E. Will Rogers Blvd.
Claremore, OK 74017

This is to verify that _____ has my permission to attend the **First Baptist Church activities for 2010**.

In consideration of your accepting me or my child for participation in the activities of the above mentioned group, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization for damages arising out of the activities, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understood this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

I also grant my permission for my son/daughter to receive medical treatment deemed necessary by a licensed physician.

Insurance Company _____ Policy # _____

Insurance Phone # _____

Signature: Participant _____ Date _____
(If participant is not a minor)

Parent/Guardian: _____ Date _____
(Must Sign in Presence of Notary)

SIGNATURE OF: _____

Witnessed By: _____ Date _____
Notary Public

Commission Expires: _____

Commission #: _____

ROGERS COUNTY
STATE OF OKLAHOMA