

The Purpose of SBFYC

Saved By Faith Youth Camp exists to help teens in our churches to better engage with the Word of God. Our desire is to see teens grow to love and to serve God through their camp experience.

Sponsor Responsibilities

First, we want to say thank you. Without sponsors we would not be able to have SBFYC. We are praying for you! We have a prayer team who faithfully lifts up each and every attender of SBFYC by name. Our prayer is that God will use you, as a leader who loves Jesus and students, to make an eternal impact during camp.

The adults who attend camp as sponsors have the following responsibilities:

- 1. You are required to stay in the dorm room with YOUR students of the same gender.**
- 2. You are responsible for making sure that students follow the schedule. You are also strongly encouraged to participate in the scheduled events.**
- 3. You are responsible for monitoring your students' adherence to the camp behavior and guidelines.**
- 4. You are responsible for encouraging your students and engaging in spiritual conversation based on the teaching in chapel and the breakout sessions.** Every evening, each church will have "family time" where campers can spend time talking and reflecting over the teaching of the day. As a sponsor, be in prayer for your students and be willing to help them as they try and articulate what God may be doing in their life.
- 5. Webster Conference Center does not provide on-site medical staff. You are responsible for securing and administering any prescription medicines brought by your students.**

A few notes...

- Sponsors must be at least 21 years of age and complete a background check. One sponsor for every eight students is required. You must bring both male and female sponsors if you have students of both genders.
- It is important to remember that our camp is entirely volunteer-led; the sponsors from each church are responsible for their students, and their focus will need to be on them during the week.

SPONSOR REGISTRATION FORM

Activity: SBFYC (Saved by Faith Youth Camp)

June 19-23, 2023 at Webster Conference Center, Salina, Kansas

Sponsored by Trinity Baptist Church, 16655 W Hwy 24, Wamego KS

This box must be completed by a church leader. Signature should not be yourself or a family member. The sponsor completing this form has completed a background check and is recommended for this position by:

Church Name:

Church Leader Signature:

Church Leader's Position:

Date:

Please provide proof that background check has been completed.

Church
Leader
Sign Here

Sponsor's Name: _____ Check one: Male Female

Address: _____

City / State / Zip Code: _____

Age (must be 21 or over): _____

Phone Number: _____ Email: _____

Church Name: _____

Church City & State: _____

T-Shirt Size:
 Small Medium Large X-Large XX-Large XXX-Large

Do you have any special dietary or medical needs that we should be aware of? Yes No

If yes, please explain briefly: _____

Have you ever been convicted of child abuse, or a crime involving actual or attempted sexual molestation of a minor? Yes No

If yes, please explain: _____

SPONSOR CONSENT & PARTICIPATION AGREEMENT

Activity: SBFYC (Saved by Faith Youth Camp)

June 19-23, 2023 at Webster Conference Center, Salina, Kansas

Sponsored by Trinity Baptist Church, 16655 W Hwy 24, Wamego KS

Sponsor's Name: _____

Sponsor's Address: _____

Church Name: _____

Church City & State: _____

PHOTO/VIDEO RELEASE

Trinity Baptist Church will be videotaping and photographing this event. By your attendance, you are granting permission to be photographed or videotaped while participating in SBFYC activities and programs. Photos or video footages may be used by volunteers and employees of Trinity Baptist Church in promoting the overall ministry of SBFYC and Trinity Baptist Church.

CONSENT AND PARTICIPATION AGREEMENT

I acknowledge that participation in the activity described above (SBFYC) involves risk to the participant and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

I acknowledge and accept the risks of injury or illness associated with participation and transportation to and from any and all activities and programs of Trinity Baptist Church (Wamego, Kansas). I accept personal financial responsibility for any injury, illness, or other loss sustained during the camp activities or programs of Trinity Baptist Church or during transportation to and from such activities and programs, as well as for medical treatment rendered to me that are authorized by Trinity Baptist Church leaders, employees, volunteers, or agents. I specifically consent to be transported or receive emergency care and to be responsible for all financial charges for such emergency care. I release and promise to indemnify, defend and hold harmless Trinity Baptist Church, its leaders, employees, volunteers, and agents from any and all injury, illness, or loss resulting directly or indirectly from the camp activities and programs of Trinity Baptist Church or transportation to and from such activities and programs, whether such injury or illness results from the negligence of Trinity Baptist Church, myself, or otherwise.



Signature _____ Date _____

SPONSOR HEALTH INFORMATION & HISTORY FORM

Event: SBFYC (Saved by Faith Youth Camp)

June 19-23, 2023 at Webster Conference Center, Salina, Kansas

Please use the back of form for further information if necessary.

Sponsor's Name:

Church Name & City/State: _____

Emergency Contact:

Name: _____

Relationship: _____

Daytime Phone: _____

Evening/Night Phone: _____

Medical Care Contact:

Name of Physician: _____

City/State: _____

Physician's Phone: _____

HEALTH HISTORY

Do you frequently suffer from pains in your chest? YES NO

Do you often feel faint or have spells of severe dizziness? YES NO

Has a doctor ever told you that you have high blood pressure? YES NO

Are you currently sick and/or using a medication not listed elsewhere on this form? YES NO

Have you had any operations or serious injuries in the last three months? YES NO

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Are you currently taking medicine or treatment? YES NO

If yes, explain: _____

Have you been restricted from sports or swimming for any reason? YES NO

If yes, explain: _____

Date of last Tetanus shot: _____ Date of last physical exam: _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite? YES NO

If yes, explain: _____

Do you have: Sinus Trouble Hay Fever Heart Trouble Epilepsy/Seizures Asthma

Diabetes Communicable Diseases? If yes, explain: _____

Please list any Allergies:

Food: _____

Drugs: _____

Other Medical Needs: _____

EMERGENCY MEDICAL AUTHORIZATION

Sponsor's Name: _____

Church Name & City/State: _____

Event: SAVED BY FAITH YOUTH CONFERENCE

In the event of an emergency, I hereby give permission to any Trinity Baptist Church staff person, or their designee, who is present at the above-mentioned event to obtain medical assistance. I also give permission to the Physician selected to hospitalize and secure proper treatment.

Insurance Company: _____

Mailing Address to Submit Claims: _____

City: _____ State: _____ Zip: _____

Policy Number: _____

If I cannot be reached, please notify: _____

Phone numbers: _____



Today's Date: _____

Signature: _____

WEBSTER CONFERENCE CENTER, INC.
CHALLENGE COURSE AGREEMENT
Agreement to Participate, Assumption of Risk and Release of Liability

Whereas, I the undersigned wish to participate on the Challenge Course of Webster Conference Center of Salina, Kansas, I acknowledge that during the activities I will participate, there will be a certain amount of risks and danger. These include, but are not limited to, depending on other people and being at various heights (ground to 35'), and accidents. I recognize that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity. My health form is current and accurate, and I understand it is solely my responsibility to determine where there is any medical reason that I should not participate. I also state that I am not under the influence of any chemical substance including alcohol.

I have and do hereby assume all the above risks and any other ordinary risk incidental to the activity that are not specifically foreseeable, and will hold Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss. In short, I will not sue Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates. This is binding on me, my executors, heirs and next of kin, successors and assigns, or anyone else who might sue or claim on my behalf. I also understand that my physical activity involves risk of injury, and I have entered into this activity voluntarily and take full responsibility for my decision to participate or not to participate and I agree to follow all safety instructions.

Name of Participant: *(Please Print)* _____ Date: _____

Address _____

City/State/Zip _____

Birthdate ____ / ____ / ____ Age _____ City, Church Name _____

Signature of Participant: _____

Approval Signature of Parent/Guardian

if Participant is under 18: _____

Address _____

(If different from above)

City/State/Zip _____

Employed by _____

Daytime Phone (____) _____ Evening/Night Phone (____) _____

Name of Physician: _____ City _____ State _____

Physician's Phone Number (____) _____

MEDICAL INFORMATION

Do you frequently suffer from pains in your chest? YES NO

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Are you currently sick and/or using a medication not listed elsewhere on this form? YES NO

Have you had any operations or serious injuries in the last three months? YES NO

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Are you currently taking medicine or treatment? YES NO

If yes, explain _____

Have you been restricted from sports or swimming for any reason? YES NO

If yes, explain _____

Date of last Tetanus shot: _____ Date of last physical exam _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite? YES NO

If yes, explain _____

Do you have:

Sinus Trouble

Hay Fever

Heart Trouble

Epilepsy

Asthma

Diabetes

Communicable diseases? If yes, please explain _____

List any Allergies:

Food _____

Drugs _____

Other Medical Needs: _____

EMERGENCY MEDICAL AUTHORIZATION

Event: CHALLENGE COURSE AT WEBSTER CONFERENCE CENTER

In the event of an emergency, I hereby give permission to any Webster Conference Center staff person, or their designee, who is present at the above mentioned event to obtain medical assistance. I also give permission to the Physician selected to hospitalize and secure proper treatment.

Parent/Guardian Signature _____

Insurance Company _____

Mailing Address to Submit Claims: _____

City: _____ State: _____ Zip: _____

Policy Number _____

If I cannot be reached, please notify _____

() _____ or () _____

Today's Date _____
