

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

Cost: \$205 per person (limited scholarships are available)

Please make sure all forms are complete and signed before turning them in to your group leader.

For registration questions please contact Tracy at sbfyckansas@gmail.com.

What to bring to camp...

- Bible, pen, & notebook
- Bedding – sleeping bag & pillow (rooms are dormitory style with bunk beds)
- Towels (we recommend you bring more than one)
- Personal care items (including insect repellent & sunscreen)
- Reusable water bottle (It will most likely be hot and humid the week of camp.)
- Wristwatch (Students will not be allowed to have cell phones during camp.)
- Casual clothes for Chapel, swimwear, and recreation clothes (see dress code below).
Life jackets are provided by Webster Conference Center.
- Extra shoes that can get wet (optional, but highly recommended due to the water activities)
- Prescription medicine if needed. Your group sponsor will be responsible for securing and administering medications. Webster Conference Center does not provide on-site medical personnel.
- OPTIONAL: Spending money for snacks or quarters for vending machines. Students are responsible for keeping track of any money they bring to camp. Evening snacks will be provided.

Student Guidelines

- All students are required to attend all scheduled sessions.
- Nametags must be worn at all times.
- There will be no possession or use of tobacco, e-cigarettes, alcohol, and/or drugs except for the purpose of medication. Immediate expulsion may result from violation of this guideline.
- Cell phone use to and from camp is up to your individual church leader. Cell phones and electronics will NOT be allowed during camp. Parents may call your group leader or use the numbers below if they need to contact you.
- Electronic entertainment devices (such as iPods, radios, video games, etc.) are NOT allowed.
- DRESS CODE: Dress is not to distract from the purpose of SBFYC.
 - Shirts must have sleeves (everywhere outside your sleeping quarters)
 - Shirts & shorts should be an appropriate length (shorts length to mid-thigh, hemlines and necklines must be modest, NO midriffs showing).
 - Shirts & shorts must be worn to and from the pool and lake.
 - Everyone must wear a dark t-shirt while swimming in the pool or lake in addition to their appropriate swimwear (one-piece suits for girls).
 - Shoes must be worn at all times.
 - No shirts or other clothing with inappropriate slogans or pictures are allowed.

Emergency Contact Numbers

- Gregg Kite, TBC Associate Pastor and Camp Director – 979-255-4293
- Tony Mattia, TBC Senior Pastor – 785-456-3796
- Webster Conference Center Office - 785-827-6565
2601 North Ohio, Salina, KS 67401

STUDENT 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

Name: _____ Check one: Male Female

Address: _____

City / State / Zip Code: _____

Parent's Names: _____

Parent's Phone Numbers: _____

Parent's Email: _____

Church Name: _____

Church City & State: _____

Do you have any special dietary or medical needs? Yes No

If yes, please explain: _____

Check the grade you will be entering this fall:

7th 8th 9th 10th 11th 12th Spring 2023 HS Graduate

T-Shirt Size (adult sizes):

Small Medium Large X-Large XX-Large XXX-Large

STUDENT 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

Student's Name: _____

Student's Address: _____

Church Name: _____

Church City & State: _____

PARENT/GUARDIAN CONSENT AND PARTICIPATION AGREEMENT

In consideration of my child, _____'s, opportunity to participate in Trinity Baptist Church's camp activities and programs, 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 associated with participation and transportation to and from any and all activities and programs of Trinity Baptist Church. I accept personal financial responsibility for any injury 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 my child that is authorized by Trinity Baptist Church leaders, employees, volunteers, or agents. I specifically consent to allowing my child 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 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 result from the negligence of Trinity Baptist Church, my child, or otherwise.



Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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.



Parent/Guardian Signature _____ Date _____

BEHAVIOR POLICY & DRESS CODE

Our camp is about one thing—God and His glory! We don't want things to be a distraction.

By attending SBFYC, you are agreeing that you will...

- Listen to what the teachers, counselors, and leaders say to you.
- Be at scheduled activities on time (chapel, breakout sessions, family time, meals, etc).
- Participate in all activities to the best of your ability.
- Follow all guidelines for the protection of all attending camp.

You are also agreeing that you will NOT...

- Speak in a manner inconsistent with the nature and spirit of this camp. (No cussing, back talk, put downs, etc.)
- Be a distraction to others around you during the teaching times or family times.
- Let your bad attitude be a hindrance to what God is doing!

Dress Code

- Shirts with sleeves (everywhere outside your sleeping quarters)
- Shirts & shorts of an appropriate length (shorts length to mid-thigh, hemlines and necklines must be modest, NO midriffs showing).
- Shirts & shorts should be worn to and from the pool and lake.
- Everyone must wear a dark t-shirt while swimming in the pool or lake in addition to their appropriate swimwear.
- Shoes must be worn at all times.
- No shirts or other clothing with inappropriate slogans or pictures.

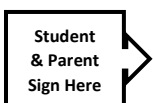
Cell Phones and Other Electronics

Cell phone use to and from camp is up to your individual church leader. **Cell phones and electronics will not be allowed during camp.** Parents may call your group leader or use the numbers below if they need to contact you.

Gregg Kite, TBC Associate Pastor & Camp Director – 979-255-4293

Tony Mattia, TBC Senior Pastor – 785-456-3796

Webster Conference Center Office – 785-827-6565



Signature of Student: _____

Parent/Guardian Signature: _____

STUDENT HEALTH INFORMATION & HISTORY FORM

*Event: SBFYC (Saved by Faith Youth Camp)
June 19-23, 2023, at Webster Conference Center, Salina, Kansas*

This health information and history form is to be completed and signed by a parent or guardian. Please use the back of form if necessary.

Student's Name: _____ Birth Date: _____

Name of the church you are attending camp with, city, and state: _____

Parent/Guardian's Contact Information:

Parent/Guardian 1 - Name: _____

Phone: _____ Email: _____

Parent/Guardian 2 – Name: _____

Phone: _____ Email: _____

Emergency Contact (if other than above parents/guardians):

Name: _____ Relationship: _____

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

Event: SBFYC (Saved by Faith Youth Camp)

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

Student's Name: _____

Birth Date: _____

Name of the church you are attending camp with, city, and state: _____

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: _____



Parent/Guardian Signature: _____

Parent/Guardian 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

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

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 _____
