

Group Registration Form
Youth Worship Arts Camp

March 5-6, 2010

Church _____

Church Address	City	State	Zip
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Contact Person _____ Phone _____

___ No. of female students attending

___ No. of female leaders attending

___ No. of male students attending

___ No. of male leaders attending

Check meals you will be present for:

- Friday night snack
- Saturday breakfast
- Saturday lunch

___ No. staying overnight at Webster Conference Center

DEADLINE FOR REGISTRATION: February 19, 2010

Please send check, group registration form, medical release forms, individual registration forms, and sponsor information forms to the Church Music Department, 5410 S.W. 7th, Topeka, KS 66606-2398.

KNCSB will be videotaping and photographing this event. Most likely, you will be filmed, recorded, or photographed as part of a group or individually. By your attendance, you are granting permission to be videotaped or photographed and agree to the following: being recorded, filmed, videotaped, or photographed by any means; any use of your likeness, voice, and words without compensation; specifically waiving all rights of privacy during videotaping, filming, recording, or photographing and release KNCSB from liability for loss, damage, or compensation for the use of your likeness, image, voice, or words; compliance with all rules and regulations of KNCSB for this event.

Individual Registration Form

Please duplicate this form for each student to fill out and return with the medical release form.

Youth Worship Arts Camp

March 5-6, 2010

Name _____ [] Male [] Female Grade in School _____

Church _____

Church Address

City

State

Zip

Conference Tracks

Please check which conference area(s) you are considering attending. You can make your final track selection(s) at the Arts Camp. Remember, you can attend one track or three different ones.

_____ Bass Guitar

_____ Choir

_____ Drama

_____ Guitar 101

_____ Intermediate Guitar

_____ Keyboard

_____ Praise Band: _____

name of instrument you play

_____ Photography

_____ Rhythmic Movement

_____ Worship Team

What If?

What if I want to attend more than one conference track?

You can! There are several tracks offered during the course of the weekend. You can select one track to attend all four times or you can attend several different tracks.

What if I don't know which track to attend?

Participate in the track(s) that will best help you grow in worship leadership. You may choose to attend a track that will enhance your understanding of a ministry your church is already involved in. Or, you may attend a track to find out how to begin one of these ministries in your church.

What if I play an instrument but haven't been playing long enough to feel comfortable playing in the Praise Band?

You can attend the Praise Band track and observe the rehearsals to help you learn techniques that will assist you when practicing at home on your own. You can also sit beside someone who plays the same instrument and follow along in the music. You are encouraged to bring your instrument just in case you feel more comfortable once you have observed what's going on.

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MEDICAL RELEASE FORM

Name _____

Address _____

City/State/Zip _____

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

Parent/Guardian Name _____

Address _____

(If different from above)

City/State/Zip _____

Employed by _____

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

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 Toxoid Immunization: Month _____ Year _____

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: _____

NOTARY SPACE

EMERGENCY MEDICAL AUTHORIZATION

Event: _____

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with my child or to any Kansas-Nebraska Convention of Southern Baptists staff person, or their designee, who is present at the above-mentioned event to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature _____

Insurance Company _____

Policy Number _____

If I cannot be reached, please notify _____

(____) _____ or (____) _____

Today's Date _____

SPONSOR INFORMATION FORM

This questionnaire must be completed by all individuals working with children or youth at Kansas-Nebraska Convention and Associational sponsored events.

EVENT _____ DATE _____

TO BE COMPLETED BY THE CHURCH

_____ has been secured and is recommended for this position by _____
(CHURCH NAME)

SIGNATURE REQUIRED BY
SOMEONE OTHER THAN THE SPONSOR

POSITION

DATE

TO BE COMPLETED BY THE INDIVIDUAL

NAME _____ AGE _____
FIRST MIDDLE LAST (MUST BE 21 OR OLDER)

MALE FEMALE HOME PHONE: (____) _____ WORK PHONE: (____) _____

ADDRESS _____ EMAIL ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EXPERIENCE WORKING WITH CHILDREN OR YOUTH: _____

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

If yes, explain: _____

DO YOU HAVE ANY SPECIAL NEEDS? YES NO

If yes, explain _____

Do you have any communicable diseases? YES NO

If yes, explain: _____

Do you have any signing skills for working with the deaf? YES NO

Do you have any special needs? Please list: _____

SIGNATURE OF SPONSOR

DATE

Return this form, along with the registration form, to the Church Music Department, 5410 S.W. 7th, Topeka, KS 66606-2398.