

WORSHIP & MUSIC MINISTRY
GEORGIA BAPTIST MISSION BOARD

SURGE150 Youth Music Camps

June 19-24, 2017

SPONSOR REGISTRATION FORM

Name _____ Date _____

Home Address _____ Phone _____

City _____ Zip _____ Cell Phone _____

E-Mail Address _____

Do you want to order a t-shirt (optional)? The cost is \$10. Yes No

T-Shirt Size: (Adult Sizes Only) S M L XL 2XL 3XL 4XL

Do you want a single room? Yes No The cost is an additional \$125.

Sunday night lodging is not included in the camp cost. The Sunday night cost is \$40 (plus an additional \$25 if you request single lodging.)

Camp registration fee	\$ _____
(Through March 17: \$289, March 18-April 17: \$329, After April 17: \$369)	
T-Shirt (\$10.00) - optional	\$ _____
Single Lodging (M-F \$125) - optional	\$ _____
Sunday Lodging (\$40 + \$25 single room supplement if applicable)	\$ _____
TOTAL	\$ _____

I wish to pay by:

Credit Card Number _____
Exp. Date _____ Security Code _____ Billing Zip Code _____
Phone # associated w/card _____

Check made out to Worship & Music Ministry

Name of Church _____ Phone _____

Address _____ City _____ Zip _____

Church Leadership Position _____ Years Served _____

In addition to my duties as a sponsor I am willing to:

____ Assist in leading worship ____ Help with recreation
____ Share a testimony ____ Play an instrument (specify) _____
____ Lead a Bible Study/Devotional ____ Other _____
____ Assist in teaching a class in _____

I understand that all sponsors are required to allow the Georgia Baptist Mission Board to conduct a background check.

Signature

If you have not completed the Child Protection Policy and Agreement Form in the last two years for us, it must accompany this form. This form can be found at <http://surge150.org>. Please mail all completed forms to Worship & Music Ministry, 6405 Sugarloaf Parkway, Duluth, GA 30097, or fax to 770-452-6587, or scan and email to jcrumley@gabaptist.org.

Recommendation of Pastor or Minister of Music

I am pleased to recommend _____ to serve as a sponsor at Youth Music Camp.

Signed: _____

Minister of Music/ Pastor

2017 Adult Medical Form

For our records, please complete the following form. This will allow us to meet your needs in the event of an emergency. Thank you.

Emergency Contact: (Name & Phone)

Name: _____

1. _____

Address: _____

2. _____

Physician Name & Phone: _____

Allergies: _____

Insurance:

Company: _____

Policy Number: _____

Medications: _____

(Name & Dose:) _____

Immunizations: Hepatitis A or B; Tetanus (date) _____

Surgeries: Date/Reason: _____

Pending: _____

Medical History:

Please check, name disorder and describe condition as needed:

Abdominal Pain _____

Kidney Disease _____

Arthritis _____

Kidney/Urinary: _____

Bone and Joint _____

Recurrent Infections: Yes/No

Bowel Disease _____

Kidney Stones: Yes/No; Last _____

Cardiovascular _____

Lungs: Asthma: Yes/No COPD: Yes/No

Angina: Yes/No

Lung Disease: _____

Congestive Heart Failure: Yes/No

Nausea/Vomiting: _____

Edema: _____

Seizures: _____

Blood Clots: Yes/No

Smoker: _____ Current; _____ Ex

Location: _____

Swelling: _____

Diabetes

Other _____

Insulin: Yes/No

Amount and Schedule _____

Testing: Yes/No

Gastrointestinal _____

I allow nurses access to this information. This information will remain confidential and will be shredded after the completion of this camp.

Heart Disease _____

Hypertension: Yes/No

Usual B/P: _____/_____

Signature

If further explanations/descriptions need to be made, please make notes on reverse.

Date