



SUPER SUMMER

the best week of your summer!



DATES: HIGH SCHOOL - JULY 8-12
MIDDLE SCHOOL - JULY 15-19

COST: \$250

DEADLINE: MAY 28 (\$270 AFTER)
\$100 DEPOSIT DUE (BALANCE DUE BY CAMP)

WHERE: WEBSTER CONFERENCE CENTER
SALINA, KS

REGISTRATION INSTRUCTIONS ON BACK



HOW YOU REGISTER HAS CHANGED THIS YEAR!

REGISTER

- **PARENTS REGISTER THEIR STUDENTS ONLINE AT [KNCSBEVENTS.ORG/SS19REGISTERCAMPER](https://kncsbevents.org/ss19registercamper).
HS GROUP ID: "4977" AND REGISTRATION CODE: "ss20190898"
MS GROUP ID: "4978" AND REGISTRATION CODE: "ss20190898"**
- **PART OF THIS REGISTRATION IS FILLING OUT A CHALLENGE COURSE FORM IN ORDER TO TAKE PART IN THE ROPES AND CHALLENGE COURSE THROUGHOUT THE WEEK.**
- **A PAPER MEDICAL RELEASE MUST BE FILLED OUT AND TURNED IN (ATTACHED)**

PAY

- **A DEPOSIT OF \$100 IS DUE BY MAY 28. YOUR BALANCE MUST BE PAID BY THE TIME WE LEAVE FOR CAMP.**
- **YOU MAY PAY ONLINE (IF PAYING IN FULL) ON THE EVENTS PAGE AT [LIFESPRINGCHURCH.COM](https://lifespringchurch.com).**
- **YOU MAY ALSO PAY BY CASH OR CHECK TO THE CHURCH.**

CHECKLIST

☐

**REGISTER AT
KNCSBEVENTS.ORG**

☐

**FILL OUT MEDICAL
RELEASE FORM**

☐

**PAY DEPOSIT OF
\$100 BY MAY 28**

☐

**PAY BALANCE BY
CAMP TIME**

INFO FOR PARENTS AND STUDENTS

Meet at LSC at 9:00am to load and leave on Monday
Contact Pastor Ryan or Nathan for more info

WHAT TO BRING

- ❑ Casual clothes which meet the “Super Summer Policies” (see below)
- ❑ Recreation clothes (NOTE: Water games will be in abundance. Appropriate clothing in the form of swimsuits under dark T-shirts & shorts, and shoes that can be wet will be necessary! Students should bring shoes & clothes which they are comfortable getting wet)
- ❑ Bible and pen
- ❑ Personal grooming articles, towels and washcloths
- ❑ Bedding (bunks and mattresses are furnished)
- ❑ Swimsuit (dark T-shirts are required in the swimming areas)
- ❑ Optional: spending money for snack, shirts, or other sale items
- ❑ Watch (students are not allowed to have cell phones at camp)
- ❑ Prescription medication needs to be brought in original containers and given to a leader
- ❑ Money for 2 fast food meals

SUPER SUMMER POLICIES

- ❑ All youth are required to attend all scheduled sessions.
- ❑ Guys are not permitted in or around the girls’ dorm areas and girls are not permitted in or around the guys’ dorm areas. The only exception is during scheduled Super Summer class church group activities.
- ❑ There will be no possession or use of tobacco, alcohol, and/or drugs except for the purpose of medication. Immediate expulsion will result from any violation of this guideline.
- ❑ Phones are allowed on the van ride but will be collected when we arrive at camp. They will be handed back out Friday morning to take pictures of friends you have met through the week.
- ❑ Only sponsors and staff may have cell phones during the week of camp.
- ❑ Dress is not to distract from the purpose of Super Summer.
 - ALL clothing must have sleeves.
 - Shorts and a dark t-shirt must be worn to and from the swimming areas.
 - Backless dresses, and bare midriffs are not allowed. Hemlines and necklines must be modest.
 - All shorts must be mid-thigh length or longer. “Message” shorts are not permitted. (Message shorts are those which have writing across the seat of the shorts.)
 - Shoes must be worn at all times. The only exception is while playing sand pit volleyball and swimming.
 - Clothing advertising inappropriate secular music groups/individuals, sex, tobacco, alcohol, and/or drugs shall not be worn.

FOR FURTHER INFORMATION

If you have any additional questions contact...

Pastor Ryan Jantz
rjantz@lifespringchurch.com

Nathan Cabeen
ncabeen@lifespringchurch.com

High School Week

Speaker: Ryan Fontenot / Band: Jason Waller

Middle School Week

Speaker: Jeffrey Dean / Band: Jerod Espy

MONDAY:

2:00	PM	Registration begins
2:30	PM	Open recreation (until 5:00pm)
4:30	PM	Sponsor orientation
5:30	PM	Picnic dinner
7:00	PM	Kickoff & worship
8:15	PM	B.L.A.S.T. team formation
9:30	PM	Church group meetings
10:30	PM	In dorms
11:15	PM	Prayer time
11:30	PM	Lights out/all quiet

TUESDAY – THURSDAY:

7:40	AM	Prayer meeting (optional)
8:15	AM	Breakfast
9:05	AM	Quiet time
9:40	AM	Chapel & family groups
11:20	AM	B.L.A.S.T. games
12:40	PM	Lunch
1:40	PM	Recreation & free time
6:00	PM	Dinner
7:00	PM	Worship
8:45	PM	Church group meeting
9:45	PM	Late Night
10:45	PM	In dorms
11:15	PM	Prayer time
11:30	PM	Lights out/all quiet

FRIDAY:

7:40	AM	Prayer meeting (optional)
8:15	AM	Breakfast
9:05	AM	Quiet time
9:40	AM	Pack & clean/family groups
10:35	AM	Worship finale
11:45	AM	Head home

TENTATIVE SCHEDULE

MEDICAL RELEASE FORM

Name	Birthdate	Age
	/ /	

Address _____ City/ST/Zip _____

Church Name _____ City, ST _____

Parent/Guardian Name _____ Employed by _____

Home Address *(If different from above)* _____ **City/ST/Zip** _____

Daytime Phone () Evening Phone () Cell Phone ()

Name of Physician: _____
City, ST _____
Phone (____) _____

Are you currently taking medicine or treatment? ☐ yes ☐ no

Do you have: **Food Allergies:**

☐ **Sinus Trouble/Hay Fever** _____

[illegible][illegible]

Other Medical Needs:			
Asthma			

Please send all medications to camp in their original containers

☐ Diabetes

Have you ever had a severe reaction?	
Communicable Diseases	

☐ yes ☐ no If yes, explain _____
_____ if was explain _____

to a bee/hornet sting or insect bite?


☐ yes ☐ no If yes, explain

Date of last Tetanus Toxoid Immunization: Month _____ Year _____

EMERGENCY MEDICAL AUTHORIZATION

Event: _____ Today's Date _____

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 Sign Here  **Parent/Guardian Signature** _____
Insurance Company _____
(If not insured, please write "none" on the line above)

(If not insured, please write "none" on the line above)

Mailing Address to Submit Claims: _____

City, ST, Zip: _____

Policy Number

If I cannot be reached, please notify _____

() or ()

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, and any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such parties unless and until actual notice or knowledge of such revocation or termination shall have been received by such parties, and I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such parties from and against any and all claims that may arise against such parties by reason of such parties having relied on the provisions of this instrument.

Food Allergies: _____

Drug Allergies: _____

Other Medical Needs: _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?

☐ yes ☐ no If yes, explain _____

NOTARY SPACE IF DESIRED

Print Form