



JUNE 5-8, 2019 • BATON ROUGE, LA

For Children ages 6 to 13 years

CHILDREN YOUNGER THAN 6 YEARS OLD MUST BE ACCOMPANIED BY AN ADULT.

ADULT REGISTRATION FORM

(FOR CHILDREN USE CHILDREN'S FORM)

OFFICE USE ONLY

PAID AMOUNT BALANCE COMPUTER MEDICAL LIABILITY FORM VBC DL PROCESSOR INITIALS

ONE FORM PER ADULT PLEASE PRINT NEATLY IN INK

Name M F DOB: / / Age:

Home Address City State Zip

Home# ( ) Work # ( ) Cell # ( )

Backup Contact Person Relationship

Home# ( ) Cell # ( ) Email

I appoint the staff of Salvation Station to act in full authority with my consent to any and all medical, dental, and hospital care and treatment deemed necessary by a physician in case of injury or illness while participating in this camp. I understand that all attempts will be made to communicate with my contact in case of an emergency. I release and forever discharge Family Worship Center Church and its owners, directors, officers, members, agents, employees, volunteers, representatives, assigns, or others acting on their behalf from all liabilities. Salvation Station will not be responsible for lost or stolen personal property. Please make sure names are on ALL ITEMS. Videos and pictures taken during camp activities may be used by Sonlife Broadcasting Network, JSM, or Salvation Station, to the glory of God.

The registration fee of \$35 includes lunch, afternoon snacks, dinner, a lanyard, and all the fun activities we can provide. Please make checks payable to Salvation Station.

Date: / / Signature of Volunteer

Church Name/Church Phone Number:

If you are a part of a church group attending this event, please tell us the name, address, and phone number of the church and the group leader's name and contact number:

Church Name/Address/Phone:

Group Leader/Contact Number:

## ADULT VOLUNTEER CAMP T-SHIRTS

Adult volunteer team t-shirts are available in red, blue, green and purple at \$10 each. (Not included in the \$35 volunteer fee)

Volunteers will be wearing a different color t-shirt each day. If volunteering you will need to have a t-shirt with the corresponding color for that day. These can be purchased at the Discount Store.

The Salvation Station camp t-shirt with the camp logo is for Friday.

**PLEASE INDICATE YOUR SHIRT(S) SIZE** (BE AS ACCURATE AS POSSIBLE)

**ADULT T-SHIRT SIZES AVAILABLE**

S M L XL XXL XXXL



# of Camp Shirts (Friday) \_\_\_\_\_ x \$10 \$ \_\_\_\_\_ Size \_\_\_\_\_

# of Purple Worker's Shirts (Wednesday) \_\_\_\_\_ x \$10 \$ \_\_\_\_\_ Size \_\_\_\_\_

# of Red Worker's Shirts (Thursday) \_\_\_\_\_ x \$10 \$ \_\_\_\_\_ Size \_\_\_\_\_

# of Blue Worker's Shirts (Saturday) \_\_\_\_\_ x \$10 \$ \_\_\_\_\_ Size \_\_\_\_\_

# of Green Worker's Shirts (Friday) \_\_\_\_\_ x \$10 \$ \_\_\_\_\_ Size \_\_\_\_\_

Total \$ \_\_\_\_\_

\*Please list your name and contact number below in case we have questions or supply issues.

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

## REGISTRATION AND T-SHIRT PAYMENT

Please fill out the information below for payment. **ADD T-SHIRT TOTAL FROM T-SHIRT FORM.**  
**PLEASE MAKE ALL CHECKS PAYABLE TO SALVATION STATION.**

T-Shirt Total \$ \_\_\_\_\_

Registration Fee **\$35** \_\_\_\_\_

**Total \$** \_\_\_\_\_

## CREDIT CARD INFORMATION

Credit Card Type \_\_\_\_\_

Name on Card \_\_\_\_\_

Address of Card Holder \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone Number of Card Holder \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CVN Number (Security number located on the back of your card) \_\_\_\_\_

Amount to be placed on credit card: \$ \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE TO SALVATION STATION  
MAIL YOUR REGISTRATION FORMS AND PAYMENT TO THE  
FOLLOWING ADDRESS:**

**Family Worship Center  
ATTN: International Kids Conference 2018  
P.O. Box 262550  
Baton Rouge, LA 70826-2550**



For more information, please contact Pastor Mike Muzzerall by phone, (225) 768-3162, or email, (mikem@jsm.org), or FAX, (225) 768-4533.

# MEDICAL ALERT FORM (REQUIRED)

PLEASE PRINT

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Description of Medical Condition (Please list any current medications, and if you are undergoing any medical treatments, etc.)

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Possible Symptoms \_\_\_\_\_

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Action-Emergency Treatment Plan (if applicable) \_\_\_\_\_

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Required Medication (All medications must be handed over to camp nurse on a daily basis, no exceptions)

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Allergies to medication, food, etc. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

VOLUNTEER BACKGROUND INQUIRY RELEASE

In connection with volunteering at Family Worship Center, Inc., I understand that investigative background inquiries are to be made on me, including criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience with other organizations. Further, I understand that Family Worship Center Church, Inc., or its authorized agent will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

READ CAREFULLY: I hereby acknowledge and agree that Family Worship Center Church, Inc. SHALL NOT BE LIABLE for the use of inaccurate or incomplete information provided to them by any investigative firm or authorized agent with which Family Worship Center Church, Inc., contracts or subcontracts in connection with this release. Additionally, any investigative firm or authorized agent SHALL NOT BE LIABLE for gathering or use of inaccurate or incomplete information in connection with this release.

- I authorize without reservation, the Custodians of Records and other sources of information pertaining to me to release any and all records and information upon presentation of this signed release.
- I hereby waive any privilege which may exist with regard to such records and express my desire that the investigator be given full and complete access to any records, without the custodian obtaining further consent from me.
- I understand that the information obtained by Family Worship Center Church, Inc., pursuant to this release is confidential and will be protected as much as reasonable possible. I understand that my volunteer services with Family Worship Center Church, Inc., are conditioned upon acceptable result of the background inquiry as determined by Family Worship Center Church, Inc. I also understand that matters appearing on my background inquiry will not necessarily disqualify me from volunteering with Family Worship Center Church, Inc.
- I further agree that reproduced copy of this Release shall have the same force and effect as the original.

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Signature	Print Full Name	Date
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Other Names Used (include maiden name, prior married names, and aliases)

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Social Security Number	Drivers License Number/State	Date Of Birth
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Current Address	City	State	Zip Code
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Prior Address (if lived out of state)	City	State	Zip Code
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Home Telephone Number	E-mail Address
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# International Kids Conference 2019 Assumption Of Risk, Waiver And Release Of Liability

## ACKNOWLEDGEMENT AND ASSUMPTION OF RISK:

I, \_\_\_\_\_,  
as a registered volunteer, or adult attendee of International Kids Conference 2019 (“IKC”), during the week of June 5 – June 8, 2019, acknowledge that there exists the inherent risk of accidental injury with the IKC Activities, with a full knowledge and appreciation of the inherent risks associated with the Activities.

WAIVER/RELEASE/INDEMNIFICATION AND COVENANT NOT TO SUE: I voluntarily agree to release from liability Family Worship Center Church, its owners, directors, officers, members, agents, employees, volunteers, representatives, assigns or others acting on their behalf (hereinafter collectively “FWCC”) and hereby waive any and all rights against FWCC to assert any cause of action, possible cause of action, claim or demand of any nature whatsoever, including but not limited to a claim for negligence or gross negligence which I or my representatives or assigns may have now, or in the future, for personal injury or damage arising from my participation in the Activities, including but not limited to, the negligence, gross negligence, reckless or wanton conduct of FWCC or the conduct of any party connected in any way with FWCC.

I further agree to indemnify and hold harmless FWCC from any and all causes of action, claims or demands arising out of or in any way relating to my use of FWCC’s services, equipment or premises whether asserted by myself or third parties who may be injured arising from or relating my use of FWCC’s services, equipment or premises.

MISCELLANEOUS: This document is intended to be as broad and inclusive as applicable state law permits. If any clause herein conflicts with applicable state law, that clause will be void but the remainder of this agreement shall continue in full force and effect.

I have read this Assumption of Risk, Waiver and Release of Liability, I understand that it is a release of claims and that I am assuming risks inherent to my participation, and I agree to be fully bound by its terms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_