

Falls Creek 2019 Church Contact Sheet

Attach this sheet to your Falls Creek registration and bring with you to on-site registration on Monday of your camp week.

Church Name: _____ City: _____

Please Circle One: BGCO NON-BGCO Church Sales Tax Exempt Number: _____

Week attending: 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 (Please circle one.)

Church Address: _____ Church Phone: (____) _____

City: _____ State: _____ Zip: _____

On Grounds Contact Person: _____ Cell Phone: (____) _____

Cabin (name and number): _____

On-site Registration Check List:

- _____ 1. Online Registration Complete
- _____ 2. Adult Background Check Compliance Form completed in full
- _____ 3. Student Background Check Compliance Form completed in full
- _____ 4. All (adult and student) Background Check Reports - separated into folders alphabetically
- _____ 5. All Release Forms completed including medical information, and signatures (student & parent)
- _____ 6. All Release Forms alphabetized and merged (student forms with sponsor forms)
- _____ 7. Church Contact Sheet completed in full
- _____ 8. Total Payment (cash or check only)/ Checks made payable to BGCO

I verify that all forms have been checked for accuracy and are complete, and that I have the above check list items. I also verify I have reviewed and understand the 5 elements of participation, the code of conduct, and the dress code and agree to insure my group abides by them.

Furthermore, in consideration of being allowed to attend Falls Creek camp, _____ (name of church) hereby waives and agrees to indemnify and hold harmless the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which a Sponsor, Camper, or other Guest from the above named church may have against the BGCO, or their agents or employees as a result of injury to any guest, Sponsor, or Camper attending Falls Creek, including, but not limited to: (1) injuries arising from participation in or observation of recreational activities at Falls Creek, (2) injuries arising from the negligent or intentional conduct of any Guest, Sponsor, or Camper from the above named Church, and (3) injuries arising from the decision of the leadership of the Church, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to me.

Group Leader Printed Name

Group Leader Signature

Date