

SUPERSUMMER ARKANSAS



Parents,

We are super excited that your student is signed up to go to Super Summer with us!

Here are a few details that you need to know:

- Cost is \$225, due by June 22
- Deposit of \$50 due before June 1
- There is a \$50 cancelation fee after June 1
- Students who participate in Red Day (June 9) will have a lowered cost.
 - Red Day is a day of local service projects.
 - How much of a discount each student receives is dependent on how many students we have registered, but it will be at least \$100 off.
 - If your student is unavailable June 9, we will have a makeup Red Day.
- Attached is a copy of our yearly medical release. We ask that you get this filled out and notarized before you leave for camp.
 - You do not need to fill this out again if you already have this school year.
- There will be a quick optional meeting on June 22 @ 6:00 pm for any last-minute questions or to get your medical release notarized.
- Attached is copy of the camp rules and a list of what to bring and what not to bring.
- Super Summer JV will leave the church on June 25 at 1:15 pm and will be back on June 28 around noon. Please have your student arrive by 1:00 pm to load up.
- Super Summer Sr. High will leave at 1:15 pm on June 28 and will be back on July 2 around noon. Please have your student arrive by 1:00 pm to load up.

Please let me know if you have any other questions. We are so excited about Super Summer and what God is doing in the lives of our students and student ministry.

Thanks,

Matt Bell (501-351-5521/ mattbell@isbcbryant.org)



SUPERSUMMER

ARKANSAS

CAMP RULES

WWW.SUPERSUMMERARKANSAS.COM



Super Summer Arkansas asks all participants to willingly abide by the camp rules. Violation of these rules will result in an immediate return home at the camper's own expense.

1. Students must dress appropriately and with Christian modesty in mind. No sleeveless clothing and no tight-fitting apparel (e.g., tight dresses, short skirts, short shorts, etc.) are permitted at any time. No clothing will be permitted that exposes your midriff area, promotes tobacco products, alcoholic beverages, or displays suggestive messages. Dress code will be enforced by the students' individual chaperones.
2. Girls must wear one-piece swimsuits or dark colored t-shirts over their swimsuit. You need to have a cover-up walking to the pool area.
3. Attendance at all meetings and participation at recreation is required for everyone.
4. Participants must not use personal vehicles for any reason or leave campus without first contacting the Super Summer Office.
5. Students are not allowed off campus. Once the student is registered, he/she may not leave campus until check-out unless an adult signs him/her out in the Super Summer Office. Upon checking out, a student must be accompanied by his/her student pastor, and the adult must present a valid driver's license.
6. Scheduled times for being in your room and lights out must be obeyed without exception.
7. During Super Summer, participants must submit to the direction and supervision of our security team, especially those assigned to your particular housing area.
8. Fireworks, firearms, knives, or any other kind of weapon, alcohol, drugs, or any form of tobacco or vaping are NOT allowed. DO NOT BRING skateboards, water guns, airsoft guns, video games, laser pointers, tablets of any kind, laptops. Also, paint is not allowed in the dorms or any building on campus.
9. Any form of Public Displays of Affection (PDA) is not allowed. This is a week to work on your relationship with God.
10. Participants must wear name tags at all times. There will be a replacement fee of \$5 if lost.
11. Ordering food to be delivered on campus is prohibited. In fairness to everyone, we will all eat food provided by OBU. Snacks brought from home should be in tightly sealed containers.
12. Students must comply with all Super Summer staff when requested to put cell phones away. Students are encouraged to leave their cell phones in the room during rec because staffers will not hold them for any reason.
13. OBU dorms are to be treated with respect. Any damage will be charged to all students staying in that room.
14. Students will be assigned to sleep, shower, and restroom with the biological and anatomical sex given at birth.
15. Other than times assigned to staffers and teaching staff, adults are responsible for the supervision of their students. At night, a sufficient number of adults per gender need to supervise students in dorms to provide control and security.
16. Super Summer has zero tolerance for bullying or any abusive behavior.
17. No public nudity ("mooning")
18. All prescription medication is to be stored in the Super Summer office and administered by the camp nurse according to information collected in the medical release form filled out online.

SUPERSUMMER

ARKANSAS

WHAT TO BRING

WWW.SUPERSUMMERARKANSAS.COM



Here are some suggestions on what your camper needs to bring to camp. Be sure your student's name is marked clearly on all their luggage and all belongings.

- Bedding (sleeping bag or sheets/blanket/pillow) - **One camper from each room should bring a sleeping bag, cot or air mattress to sleep on.**
- Towels
- Toiletries
- Casual Clothes - Be sure to include old clothes and dark t-shirts for recreation
- Tennis Shoes, Closed Heel Sandals, or Sandals with Straps for recreation - Flip flops cannot be worn during recreation
- Bible
- Pen/Pencil/Journal/Notebook
- Spending money for drinks, snacks, etc.

**MEDICAL ALERT-TREATMENT/EVENT/PHOTO-VIDEO RELEASE FORM
MAY 2022 -MAY 2023**

YOU MUST FILL THIS OUT COMPLETELY-PLEASE PRINT IN INK.

INDICATE "Non-Applicable" WHEN NECESSARY AND SIGN THE THREE PLACES ON BACK!

STUDENT MINISTRY OF INDIAN SPRINGS BAPTIST CHURCH Bryant, AR

Name of Student: _____ Year of Graduation _____ Gender: M / F Date of Birth: ____/____/____

Legal Guardian: _____ **Relationship:** _____

Address: _____ **City:** Bryant/ Other _____ **State** AR **Zip** _____

Phone #'s: _____ **Business** _____ **Cell/Other** _____

➤➤ ☐ If we cannot reach parent(s), my child may be entrusted to the following people. (Please list two: other than person listed above)

1. Name _____ (relationship) _____ Phone _____

2. Name _____ (relationship) _____ Phone _____

➤➤ ☐ **Physician's Name** _____ Phone _____

Address _____ City _____ State _____ Zip _____

➤➤ ☐ **Insurance Company** _____ Policy# _____

Address _____ Group# _____

Agent's Name _____ Phone _____

➤➤ ☐ **Person Responsible for**

Payment: _____ SS# _____ Phone _____

Address _____ City _____ State _____ Zip _____

Immunizations: (year) Tetanus _____ Polio _____ Measles _____ Mumps _____

Blood Type (if known) A+ A- B+ B- O+ O- AB+ AB- other _____

PAST MEDICAL HISTORY

➤➤ ☐ Indicate all childhood diseases: Chicken Pox ____ MMR ____ Whooping Cough ____

➤➤ ☐ Indicate all of the following illnesses, diseases, or medical conditions the student has or has had: ____ Asthma ____ Bronchitis ____ Chronic upset stomach ____ Heart Condition ____ Seizures

____ ADHD ____ Hyperactivity ____ Diabetes ____ Hemophilia ____ Hepatitis ____ Kidney Conditions ____ Dizziness

____ Colitis ____ Depression ____ Epilepsy ____ Sinusitis ____ ADD ____ Other _____

➤➤ List any family/hereditary illness or medical conditions _____

➤➤ Previous operations/critical surgical procedures and the results _____

ALLERGIES:

➤➤ History of anesthesia reactions (self or family)? ____ No If yes, please explain _____

➤➤ Allergic to any of the following medications? ____ Yes ____ No If so, which one(s):

____ Aspirin ____ Codeine ____ Morphine ____ Penicillin ____ Sulfa ____ Other _____

CURRENT MEDICINES:

➤➤ List any and all medications you are currently taking on a regular basis: _____

SPECIAL DIET? Please list name and content:

❖❖ SPECIAL EVENT RELEASE

Please understand that “extremely high risk” activities will NEVER be formally approved, scheduled or endorsed by the Student Ministries of ISBC. However, ministry events or trips may place a student(s) near some activities that do involve some risk. It is the parent’s responsibility to properly instruct their child in what is acceptable as an activity in concurrence with the ISBC Student Ministry program. In the event a student decides to participate in a non- approved, un-scheduled or un-endorsed activity during “free time” on a trip OR any other time, they do so directly AGAINST the leadership of this program.

The following activities, among others, will potentially be endorsed and scheduled by the Student Ministries of ISBC. Indicate with a mark, the activities your child **CANNOT** participate in, should one of the activities be scheduled. (Note: When applicable, a licensed and trained professional will direct some of the following activities.)

___ Construction Projects ___ Mountain Climbing ___ Tubing ___ Canoeing/kayaking ___ Horseback Riding ___ Snorkeling ___ Water parks ___ Theme Parks ___ Cliff Jumping ___ Jet skiing ___ Snow skiing ___ Water skiing ___ Impact Sports (i.e. football) ___ Fishing ___ Rappelling ___ Swimming ___ Ropeswings ___ Paintball Games ___ Boat Riding

➤➤ List any other activities that you forbid your child to participate in: (bungee jumping for example!) Please Ask Questions!

➤➤ I acknowledge that I have read the above high/low risk information and affirm that my child cannot participate in the indicated or checked activities. Other than the indicated or checked activities, I know of no reason why my child should not participate in the activities of the Student Ministries of Indian Springs Baptist Church Bryant.

Date ___/___/___

___ Parent or Legal Guardian’s Signature

❖❖ PHOTO/VIDEO RELEASE

I understand that as a participant, my child may be photographed and/or videotaped during Student Ministry activities. These photos/videos may be used in presentations and/or promotional materials.

By signing, I release Indian Springs Baptist Church to use these photos and/or videos for Student Ministry activities.

Date ___/___/___

___ Parent or Legal Guardian’s Signature

❖❖ TREATMENT RELEASE

FULL PERMISSION AND CONSENT is hereby granted for the Youth Pastor(s), bus/van drivers, Interns/workers, and/or other duly appointed Chaperones of Central, to obtain necessary medical and/or dental attention for my child/dependent in case of an emergency through the care of a consulting physician and/or dentist, if the parents or legal guardian cannot be reached. This treatment may include examinations, x-rays, anesthetic, medical diagnosis, anesthesia, surgical procedures or treatment through prescribed medicines. In the event of a major illness or need for surgery, parent’s special permission will be sought by the hospital and attending physician prior to treatment. We grant any ISBC staff or representative permission to have knowledge of any diagnosis or treatment needed for my child/dependent.

SPECIAL NOTE TO PARENTS OR GUARDIANS: As the parent or guardian of the above minor, **you are responsible** to provide any new and important medical information to the Student Ministry office to update this form. The original will be kept on file at Indian Springs Baptist Church. At your request, a copy of this form will be returned to you for your records. This is a very in-depth release form. We want to make sure that we are prepared the best that we can be for any type of situation. **However, there are risks involved with virtually every situation and you need to be aware of that.** If you have any questions about any of this release form, please contact the Student Ministry office of ISBC, 501-847-4722 Thank you for your help and understanding.

❖❖ **PARENT or GUARDIAN SIGNATURE(S)** (if 21 or older, you may sign yourself)

Date ___/___/___

Father/Legal Guardian’s Signature

Mother’s Signature

Form Needs to Be Notarized By a Notary Public:

Notary Signature

Date