### **Super Summer Commitment FORM**

Parents,

Super Summer has changed the registration process. By filling out this form and submitting payment, your student is officially committing to complete the process to go to Super Summer.

**Step 1:** Fill out this paper and submit it back to Tory at the Oakwood office with a \$250 deposit (or you can pay the full balance of \$320) by March 21<sup>st</sup>.

**Step 2:** Tory will give this information to Super Summer and they will EMAIL you a link to complete the registration process. This must be done in order for your student to be registered to go with Oakwood. It must be done by March 25<sup>th</sup>.

# This form must be filled out by your parent and turned in with your deposit of \$250 by March 21st.

Student Name	Grade	(spring 2018)	Birthdate:			
Entering 12 <sup>th</sup> grade or Graduating ONLY:	Purple school (called to ministry)		ool			
Student Cell Phone						
Parent Name (parent that will be filling out forms online)						
Email (parent email filling out online form):						
Cell Phone (parent filling out online form):						

## It is very important that you fill out this form clearly. Please print. Thank you.

#### **Help Hints for Parents:**

- \*Check your Junk Mail for the email. We had some issues with this in the past.
- \*If your child went last year, you will need to log in with your email & password.
- "Supposedly" you won't have to fill out basic information again this year.
- \*New to Super Summer? You will need to create a new account.

#### OAKWOOD BAPTIST CHURCH STUDENT MEDICAL FORM

NAME:			
	(LAST)	(FIRST)	(MIDDLE)
PARENT'S NAME:	(FOR THOSE UND		
ADDRESS:			ZIP:
PHONE:	Bl	JSINESS PHONE:	
EMERGENCY Contact &	& PHONE #		
			es, nervousness, headaches,
which you might req etc	uire, such as being al	lergic to penicillin, havir	
		nus	
MEDICAL INGLIDANC	CE: Company Name	& Policy Number	
	JE. Company Name	a i oney itamber	
То І		for Medical Treatment Guardians of Young People Ur	nder 18 Years
I.		. the parent and/or	guardian of
care, custody, and control.	I hereby give my child, the	or, hereby acknowledge that s said minor, my express permis vive participant in this minist	guardian of aid minor is presently under my ssion to go on any trips sponsored ry.
arises an emergency, necessaptist Church, its represe	essitating medical or surgical entatives, or the sponsors, or	.l attention, I hereby consent ar any attending physician, to m	e on the trip. In the event there and give my permission to Oakwood ake such decisions and to perform cretion, be necessary and proper
attending physician, from a	enant to harmless Oakwood any and all actions, causes o	Baptist Church or its represent of actions, damages or liabilitie	, a minor, do release, natatives, or the sponsors, or any s arising out of the treatment of any rovided during the attendance of any
		SIGNATURE	
	Photogr	raph/Video Notice	
	icipant in the Oakwood Stud	lent Ministry, my child may be	photographed or videotaped during DSM (i.e. Website, posters, flyers).
		SIGNATURE	
Data			