

Mission West Roster Registrations email to: missionwest@ccsw.org
or snail mail to: 2717 Stanley St., Ste. A, Amarillo, TX 79109

Name of Church & City: _____

Contact Name: _____

Phone Number: _____ Email: _____

	Event:	Date	Postmark Deadline	Cost	TYPE	Grade
	<input type="checkbox"/>	April 10- 12	Mar. 20	\$90	CEA Fall Rally	3rd to 5th, 6th to 8th, 9th to 12th

Campers & Adults

(Please send atleast 1 adult to every 5 to 7 campers)

	First Name	Last Name	Grade or A for Adult	Age	Gender	T-Shirt Size (YS, YM, YL, AS, AM, AL, AXL, A2XL)	Food Needs, Allegeries, Medical Needs	Check #
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								

By Signing below I understand that my congregation is finiancially responsible for the number of campers and adults listed on this roster by the postmark registration deadline and \$25 fee will be added to all registrations after the date listed above for each event. Event registration fees are due with the roster report. Fully signed registration packets should be brought to the event for each participant.

Signature: _____ **Date:** _____



CIRCLE SIX RANCH BAPTIST CAMP

PO Box 973, Stanton, TX 79782
Phone: 432-458-3467 Fax: 432-458-3320
www.circle6ranch.net

PLEASE COMPLETE FORM AND RETURN TO YOUR GROUP CONTACT PERSON. DO NOT MAIL TO CSRBC.

STUDENT MEDICAL / LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Registration form in its entirety. Parent or legal guardian signature is required on both front and reverse side. Type or print legibly in Dark Ink. The COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to Circle Six property and participation in camp activities. Upon arrival, the completed form must be delivered to Circle Six Camp administrators. Texas Law requires that the completed original medical form be kept in the Campus Nurses' Station and become a document of permanent Circle Six record.

Date: ____/____/____

Camper's Name: _____
First Middle Last (indicate name used)

Address: _____
Street City State Zip

Birth Date: ____/____/____ Age ____ Gender: (M/F) ____ Email: _____
MO Day Year

Phone Number: Daytime (____) _____ Evening (____) _____ Other (____) _____

Name of Church or Group with whom you are attending: _____ City: _____ State: _____

Have you been convicted of a felony ☐ YES ☐ NO If yes, explain: _____

Parent / Legal Guardian: _____ Relationship to You: _____

Parent / Legal Guardian Phone Number: Daytime (____) _____ Evening (____) _____ Other (____) _____

MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

<p>Medications you take for current medical condition (asthma, allergies, etc.)</p> <p>Medications you take occasionally (headaches, etc.)</p> <p>Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original bottle (prescription or over-the counter), properly labeled as prescribed by law.</i></p>	<p>Health Information: Do you have, or have you had</p> <p>Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES to any of the above, please describe: _____</p> <p>Special Diet? _____</p> <p>Date of last Tetanus Shot? _____ Immunizations Current? _____</p> <p>Allergies: Food? _____ Drugs? _____</p> <p>Insect Stings/Bites? _____ Other? _____</p>
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Person to Notify in Event of Emergency: _____ Relationship to You: _____
Phone Number of Contact Person: Daytime: (____) _____ Evening: (____) _____ Other: (____) _____
Family Physician: _____ Phone: (____) _____
Medical Insurance Co.: _____ Plan or Group #: _____
Insured ID or Member #: _____ Ins. Co. Phone #: _____

It is recommended that you attach a photocopy of your family medical insurance card.

I, _____ being the legal guardian of _____ give my permission to Circle 6 Ranch Baptist Camp's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Circle 6 Ranch Baptist Camp sponsored activities.

X _____ (____) _____
Required Parent or Legal Guardian Signature Date Phone Number

IMPORTANT... SEE REVERSE SIDE FOR MANDATORY STUDENT AND PARENTAL RELEASE



AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

CIRCLE SIX RANCH BAPTIST CAMP hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Challenge/Ropes Course (highs and lows), Swimming Pool, Bicycle Course, Camping, Basketball, Football, Baseball, Softball, Sand Volleyball, and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or use photographs of myself or my child for use in its publications, advertising, promotional purposes, Internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level **IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE** and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. **I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Circle Six Ranch Baptist Camp from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any and/or all Camp activities.**"

If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name on the attached sheet). I understand the directors of Circle Six Ranch Baptist Camp reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all CIRCLE SIX RANCH BAPTIST CAMP programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____
Required Student Camper's Signature Date

X _____
Required Parent or Legal Guardian Signature Date
(If Student Camper is 18 years of age or younger)

CSRBC has permission to use any photographs/videos of person listed on this form for brochures, videos, advertising, web page or other promotional items. I/we further understand that these photos/videos will only be used for CSRBC promotional purposes.

CIRCLE SIX POLICIES

1. Prank supplies are not allowed (i.e. Shaving cream, water balloons, water guns/blasters) in the buildings. Please request Circle 6 approval for use of these supplies outdoors.
2. Adult supervision is required at the pool. At no time is a student to go to the pool without adult supervision.
3. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, or fireworks are NOT allowed.
4. Appropriate Godly dress attire is expected. Casual clothing is acceptable during all activities. Shorts (for boys and girls), skirts and skorts (for girls) should be no shorter than fingertip length. One piece modest swimsuits are requested. Swimsuits should only be worn at the swimming pool. Shoes are required to and from every activity.
5. Please refrain from Public Display of Affection (PDA) with girlfriends/boyfriends.
6. Please refrain from fighting.
7. All snack items must be stored in sealable containers to prevent ants and other insects in the dorms and meeting rooms. Texas Department of Health regulations prohibit cooking in dorms.
8. Guests are not allowed to bring pets on campus. No pets in the dorms, conference center or meeting rooms.
9. Students are to respect all adult leaders and follow their instructions.
10. Adults ONLY should bring a cell phone. We want to ensure attention is placed on the students for safety reasons.

Camp Covenant

- I agree to abide by the rules of the event as they are posted, announced, or given to me. I recognize that the rules are designed for the good of the whole community as well as my safety.
- I agree to arrive at the event on time, to participate in all group activities as they are scheduled or announced and to be present for the entire event. I understand that my participation is essential to the positive experience of the whole group.
- I agree to treat others with respect. This includes, but is not limited to, the way in which I behave, speak, dress, make physical contact with others, and how I talk about others when they are not present.
- I agree to respect the authority of the adults who have been entrusted with making this event a safe and positive atmosphere, and to respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.
- All Campgrounds are tobacco free facilities when guests under the age of 18 are on camp premises.
- There is a "No Tolerance" policy for alcohol, drugs, controlled substances, fireworks, firearms or weapons. Use or possession of any of these articles is grounds for immediate dismissal of the individual or group.
- Gambling, fighting and obscene language & paraphernalia are strictly prohibited. Any person (youth or adult) found engaging in any of these activities is subject to dismissal from the camp.
- Campers are to respect all adult leaders and follow their instructions at all times. During water front activities, lifeguards are responsible for the safety of campers and have authority to supervise campers as needed including removing campers from the activity or discontinuing an activity for the entire group. In the event of an injury, the lifeguards will have control of the situation until a qualified medical professional arrives on the scene. Campers who do not abide by the guidelines of the camp may be restricted from certain activities.
- Guests are not allowed to bring pets onto the premises except service dogs for the disabled.
- Campers must wear shoes and shirt in the Dining Hall and Camp Store. Campers should be dressed appropriately for all activities and may be asked to change clothing to properly suit an activity.
- Smoke detectors, fire extinguishers and exit lights are installed for the safety of our guests and are not to be used except in case of emergency. Misuse of these items may render them inoperable.
- Campgrounds are equipped with facilities for minor injuries and/or illness. Guests experiencing illness or injuries that prevent them from continued participation in scheduled activities will be sent home. Any transportation and expenses incurred are the responsibility of the camper's parent/guardian.
- No hazing will be tolerated. Even "harmless pranks" hurt someone, and take your concentration away from Jesus. If it keeps you from being the person God wants you to be, don't do it!
- You will not leave the camp facility without written permission from camp director. Camp director will only allow campers to leave with direct contact from parents or legal guardian, verification of parents' or guardian's identity, and a written statement of reason for early release from camp.
- When lights are out, everyone is to stay within dorm room unless individual has been given director's permission to be elsewhere.

EMERGENCY POLICY: *Any situation that is deemed an emergency due to health issues, weather problems, facility problems, or other unforeseen reasons, will be handled according to urgency and gravity. Director will contact EMT, parents, law enforcement, camp administrators, and pastors as necessary to resolve the situation and make sure that the physical and mental health and safety of campers and sponsors is maintained at all time. If director is unable to fulfill this duty, co-director will.*

ACKNOWLEDGEMENT STATEMENT: *I, _____ have read and understand the above rules. I understand that if I do not follow these rules, I could be asked to leave camp at my own (or parent's if youth participant) expense and face other consequences. I will do my best to adhere to all the rules set forth and to maintain the Christian guidelines of this camp.*

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Minister Signature _____ **Date** _____

DO...HAVE FUN and... Be respectful of other's feelings and property. **Be** KINDER than necessary, everyone you meet is fighting some kind of battle. **Be** teachable, everyone you meet is put in your path to teach you something—even if you do not want to learn it. **Be** forgiving, everyone makes mistakes, especially you. **Report** any questionable actions of campers or sponsors to the director immediately. **Follow** the "What would Jesus do?" motto at all time, and if He wouldn't do it—THEN DON'T DO IT EITHER!

Release

Lake Brownwood Christian Retreat, Inc., Black River Village Center for Learning, Ceta Glen, and/or Ceta Canyon hereinafter referred to as "Camp" and Mission West requires a signature for all attendees of the Camp and all participants of any Mission West & Camp activity including, but not limited to, Ropes Challenge Course, waterfront activity and water craft (canoes & kayaks), swimming pool, hiking, bicycles, basketball, football, baseball, softball, volleyball, disc golf, camp fires and any and all other camp and recreational sports and activities.

Attendance and Activities at the Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects.

Mission West & Camp takes all reasonable precautions to ensure our guests a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend Camp and the decision to participate in any Camp activity at any level is at all times completely up to the camper and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at Camp and participation in any Mission West & Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Mission West & Camp activities. I understand that each participant must assume the risk of injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Mission West & Camp activity. I agree to assume such risks and responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Mission West & Camp from any and all claims, physical and emotional, including bodily injury and/or death, that I may sustain in connection while attending Camp and with my participation in any and/or all Mission West & Camp activities."

If you feel there are any activities in which you or your child should not be involved, please attach a detailed description of the activities, including the name of the participant, the dates of attendance, and the group he/she will be attending Camp with.

Furthermore this form gives permission for your camper's voice, picture, image/likeness, or video to be used for camp promotional purposes including but not limited to web sites, flyers, slide shows, and/or video clips which inform people of the services and activities of Camp.

"I understand the directors of Camp reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of Camp, as determined by the discretion of the directors."

"I have read (or had read to me) this document in its entirety and I understand the information contained herein. I have freely and voluntarily signed this document."

"I hereby attest that all information listed on the Forms is complete and accurate to the best of my knowledge and that my child is in acceptable health, physical ability and emotional state to fully participate in Mission West & Camp and all associated activities. I also agree that my child will abide by the General Camp Guidelines as outlined in this document and understand that my child may be dismissed from camp and sent home at my expense if he/she does not adhere to the established regulations."

The signature provided confirms Agreement to Attend, Participate, Assumption of Risk and Release Form in order to attend Camp and participate in any Mission West & Camp activity

Participant Name (Please print) _____
Participant Signature _____ Date: ____/____/____
(if participant is under the age of 18)

Parent's Name(Please print) _____
Parent's Signature _____ Date: ____/____/____



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PLEASE COMPLETE FORM AND RETURN TO YOUR GROUP CONTACT PERSON. DO NOT MAIL TO CSRBC.

ADULT MEDICAL / LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Registration form in its entirety. Authorized signature is required on both front and reverse side. Type or print legibly in Dark Ink. The COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to Circle Six property and participation in camp activities. Upon arrival, the completed form must be delivered to Circle Six administrators. Texas Law requires that the completed original medical form be kept in the Campus Nurses' Station and become a document of permanent Circle Six record.

DATE: ____ / ____ / ____

Camper's Name: _____
First Middle Last (indicate name used)

Address _____
Street City State Zip

Birth ____ / ____ / ____ Age: ____ Gender: (M/F) ____ Email: ____
Mo. Day Year

Phone Number: () _____ Evening: () _____ Other: () _____

Name of Church or Group with whom you are attending: _____ City: _____ State: _____

Occupation _____ Employer: _____ City _____

Have you been convicted of a felony: ☐ YES ☐ NO If yes, explain: _____

MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

<p>Medications you take for current medical condition (asthma, allergies, etc.) _____</p> <p>Medications you take occasionally (headaches, etc.) _____</p> <p>Do you plan to bring <u>these</u> or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original bottle (prescription or over-the counter), properly labeled as prescribed by law.</i></p>	<p>Health Information: Do you have, or have you had</p> <p>Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES to any of the above, please describe: _____</p> <p>Special Diet? _____</p> <p>Date of last Tetanus Shot? _____ Immunizations Current? _____</p> <p>Allergies: Food? _____ Drugs? _____</p> <p>Insect Stings/Bites? _____ Other? _____</p>
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Person to Notify in Event of Emergency: _____ Relationship to You: _____

Phone Number of Contact Person: Daytime () _____ Evening () _____ Other () _____

Family Physician: _____ Phone: () _____

Medical Insurance Co.: _____ Plan or Group #: _____

Insured ID or Member #: _____ Ins. Co. Phone #: () _____

It is recommended that you attach a photocopy of your family medical insurance card.

ADULT COUNSELOR AGREEMENT

I _____, acknowledge the above information is correct to the best of my knowledge. Furthermore, I give permission for Circle Six Ranch Baptist Camp staff to provide and authorize any medical treatment necessary.

X _____
Required Signature

Date

REQUIRED PASTOR, STAFF, OR GROUP DIRECTOR STATEMENT (State Law Requirement)

The person above is known by me. To my knowledge, this person has not been convicted of any crimes committed against minors in his/her background. I assume full responsibility for this person serving as a camp counselor working with minors.

X _____
Signature of Pastor, Staff Member, or Group Director Date

IMPORTANT... SEE REVERSE SIDE FOR MANDATORY RELEASE AND CAMP RULES



AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

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I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X

Required Adult Attendee/Participant Signature

Date

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Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Minister Signature _____ **Date** _____

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Attendance and Activities at the Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects.

Mission West & Camp takes all reasonable precautions to ensure our guests a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend Camp and the decision to participate in any Camp activity at any level is at all times completely up to the camper and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at Camp and participation in any Mission West & Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Mission West & Camp activities. I understand that each participant must assume the risk of injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Mission West & Camp activity. I agree to assume such risks and responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Mission West & Camp from any and all claims, physical and emotional, including bodily injury and/or death, that I may sustain in connection while attending Camp and with my participation in any and/or all Mission West & Camp activities."

If you feel there are any activities in which you or your child should not be involved, please attach a detailed description of the activities, including the name of the participant, the dates of attendance, and the group he/she will be attending Camp with.

Furthermore this form gives permission for your camper's voice, picture, image/likeness, or video to be used for camp promotional purposes including but not limited to web sites, flyers, slide shows, and/or video clips which inform people of the services and activities of Camp.

"I understand the directors of Camp reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of Camp, as determined by the discretion of the directors."

"I have read (or had read to me) this document in its entirety and I understand the information contained herein. I have freely and voluntarily signed this document."

"I hereby attest that all information listed on the Forms is complete and accurate to the best of my knowledge and that my child is in acceptable health, physical ability and emotional state to fully participate in Mission West & Camp and all associated activities. I also agree that my child will abide by the General Camp Guidelines as outlined in this document and understand that my child may be dismissed from camp and sent home at my expense if he/she does not adhere to the established regulations."

The signature provided confirms Agreement to Attend, Participate, Assumption of Risk and Release Form in order to attend Camp and participate in any Mission West & Camp activity

Participant Name (Please print) _____

Participant Signature _____ Date: ____/____/____

(if participant is under the age of 18)

Parent's Name(Please print) _____

Parent's Signature _____ Date: ____/____/____