



FAMILY/PRIVATE ROOM RESERVATION

Use this form for Private Room Reservations only

To reserve a private room please complete this Family/Private Room Reservation Form and submit with your \$100 deposit. Individual Registration/Release forms must be completed for each person but can be submitted with the remainder of your registration fees according to the registration deadlines.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Church: Grace Community Church City: FW

Registering for (circle one): PRIVATE ROOM or CABIN or RV

LIST EACH INDIVIDUAL (including children) STAYING IN THIS ROOM:

Table with 2 columns: Name, Age. Rows 1-5.

Total due \$
Less my deposit \$
Amount due by May 6 \$

Private Room/Cabin Registration Fees:

Adults: \$
Ages 4-9: \$
Ages 3 and under: \$

Please make your deposit check payable to your local church and have your pastor sign below when you turn in your form. Please complete a Registration/Release Form for each person by the time of final payment so we have the medical record on file.

I understand that this deposit is refundable only until May 6. If I cancel AFTER May 6, I will FORFEIT THE \$100 DEPOSIT. Please understand that if you can't use this room, others are on the waiting list. Notify us as soon as possible if you can't come.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PASTORS:

Please send us one church check for all deposits and include all reservation forms for your church.

Make check payable to Foursquare Camp and mail to:

Foursquare Camp
c/o Grace Community Church
3789 Thompson Rd.
Fort Worth, TX 76244

Office Use Only

date check rec'd:
check number:
check amount:

NO RESERVATIONS CONFIRMED WITHOUT DEPOSIT

Rooms are available on a first come first serve basis. Phone reservations will not be accepted. Please duplicate this form as needed.

No private rooms will be given to singles—even if someone cancels—you will need to move to the dorms – there is a waitlist for families in the private rooms.



NTX Foursquare Summer Camp 2024

June 10-14 (Monday-Friday)

ADULT Registration/Release Form

CIRCLE ONE: Private Room/Cabin/Adult Dorm/Junior Dorm Monitor/Youth Dorm Monitor

Do not leave anything blank! If your answer is "none," write in "N/A." This must be completed on each ADULT camper over the age of 18.

Adult Camper Name: \_\_\_\_\_ Gender: [ ] Male [ ] Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mobile # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name of Church you will be with: Grace Community Church City FW

Pastor/Leader's Name: Ben Weiss Mobile # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Primary Telephone # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mobile # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Physical Limitations (Asthma, Diabetes, Allergies, etc) and/or special instructions (Allergy to certain medications or food, rare blood type, wear contacts, etc.):

Please complete and attach the Medicine Dispensing Form. If no medicine, prescribed or over the counter, are taken, please indicate this on the form.

MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS: I, \_\_\_\_\_, hereby acknowledge and give my express permission to Lakeview Methodist Conference Center (hereafter referred to as LMCC) to attend to any medical needs that arise while I am on the LMCC campgrounds. Furthermore, I do release, acquit, discharge, and covenant to hold harmless the LMCC; it's representatives, or any attending physician from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my stay at LMCC. I also understand and agree that the local Anderson County Court would be the point of venue should a legal dispute arise as a result of my stay at LMCC. I give my full consent and permission to LMCC staff to use my photo for LMCC promotional purposes. I have read the LMCC Policies and Procedures. I understand I must adhere to these policies and procedures.

SIGNATURE: \_\_\_\_\_

2024 LMCC ADULT APPLICATION

Other names I have used (maiden, alias, legal name change, etc.): \_\_\_\_\_

DL#: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Previous Addresses in past 7 years:

1) \_\_\_\_\_

2) \_\_\_\_\_

I, the undersigned, have completed a State of Texas Approved Child Protection Training Course and have correctly answered at least 80% of the questions on the final exam. Furthermore, while I am on the LMCC property, I will be able to present the proper documentation proving that I have satisfactorily completed this course upon request. By my signature, I affirm that all information on this form is true and accurate.

Have you ever been convicted of a felony or misdemeanor? [ ] No [ ] Yes If yes, explain on the back of this page.

I hereby authorize (your church/organization) \_\_\_\_\_ to obtain information about me from various law enforcement agencies, courts, and corrections agencies. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile of this consent shall be as effective as the original.

Adult Applicant's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Be Sure Your Church/Organizational Leader Signs Below Before This Form is Mailed

I, the undersigned, have performed a Criminal Background Check and Sex Offender Registry Check on the above LMCC Sponsor Applicant and have found no felony or sexual offense convictions listed. I understand that these Background Checks do not need to be turned in to the LMCC Camp Office. However, these Background Checks will be readily available upon LMCC's request.

SENIOR PASTOR/CHURCH LEADERSHIP SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



NTX Foursquare Summer Camp 2024
June 10-14 (Monday-Friday)
PRIVATE ROOM CHILD Registration/Release Form

Camper's Name: \_\_\_\_\_ Gender: [ ] Male [ ] Female Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade completed (if applicable): \_\_\_\_\_ T-shirt size: \_\_\_\_\_ (please indicate if youth or adult size)

My child will participate in: [ ] Morning Class (Age 3-K) [ ] Morning Class (Grades 1-3) [ ] Evening Kids Service (with parent)

Name/City of Church camper will be with: Grace Community Church

Parent/Legal Guardian Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physical Limitations (Asthma, Diabetes, Allergies, etc.) and/or special instructions (Allergic to certain medications or plants, food allergies, rare blood type, wear contacts, etc.): \_\_\_\_\_

Please complete and attach the Medicine Dispensing Form. If no medicine, prescribed or over the counter, are taken, please indicate this on the form.

ACCIDENT COVERAGE: I understand that my personal insurance will be primary coverage for any accidents and that Foursquare's Insurance, which only covers medical expenses, is secondary up to a maximum of \$50,000, and does not cover illness. I also understand that if I have questions, I must contact ICFG Insurance at (213) 989-4400.

ACKNOWLEDGEMENT OF INHERENT RISK/ WAIVER AND RELEASE: I acknowledge and understand there are inherent risks associated with many event activities. I will assume the risk associated therewith, whether known or unknown to me or my child at this time. I recognize that my child's attendance at a foursquare church event is a privilege, and as a consideration for this privilege, my child and I release the foursquare church, including its employees, agents representatives and volunteers, from responsibility for my child's accidental physical injury, including death or illness, and loss of personal property while at this event or during foursquare church sponsored travel to and from this event. I understand that camp leadership reserves the right to search a camper's belongings, with or without consent, in the case of emergency. This release is also intended to include all claims made by mine and my child's family, estate, heirs, personal representative or assigns. I grant permission for my child to participate in all special trips off the event venue with proper staff supervision.

INDEMNIFICATION: By signing below, I agree to indemnify, defend and hold the foursquare church harmless from any claim asserted by my child against the foursquare church, including its employees, agents, representatives and volunteers, if my child attempts to repudiate this release after obtaining adulthood.

PHOTO RELEASE: I hereby grant permission to the foursquare church the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of the foursquare church.

LMCC MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS: I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child, the aforementioned minor, my express permission to attend Lakeview Methodist Conference Center (hereafter referred to as LMCC) between the dates listed above. I further expressly grant my permission for my child, the aforementioned minor, to participate in all activities of said camp with the following listed exceptions: \_\_\_\_\_

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to LMCC, its representatives, my dependent child's Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon my said minor dependent which may, in their sole discretion, be considered necessary. Furthermore, I do release, acquit, discharge, and covenant to hold harmless the LMCC, its representatives, or my dependent child's Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my dependent minor's stay at LMCC. I also understand and agree that the local Anderson County Court would be the point of venue should a legal dispute arise as a result of my child's stay at LMCC during the above dates. I consent and give permission to the LMCC staff to inspect the bunkhouses for the safety and protection of all LMCC campers present. I give my full consent and permission to LMCC staff to use my child's photo for LMCC promotional purposes. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending LMCC. I have read the LMCC Policies and Procedures and explained them to my minor child. We both understand that my child will be dismissed from camp and sent home without refund and at my expense if he/she does not adhere to these policies. Besides the sponsor listed above, I hereby authorize the following person(s) to pick up my child from the LMCC grounds:

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

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

