



NTX Foursquare Summer Camp 2025
July 6-10 (Sunday-Thursday)

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: Fort Worth

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 for listing individuals.

Total due \$
Less my deposit \$
Amount due by May 19 \$

Private Room/Cabin Registration Fees:
Adults: \$
Ages 5-9: \$
Ages 4 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 19. If I cancel AFTER May 19, 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/CAMP COORDINATORS:

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 served 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.



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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 Fort Worth

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 medications or food, dietary restrictions, etc.): \_\_\_\_\_

Please complete and attach the Medicine Dispensing Form. If no medicine, prescribed or over the counter, is 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. If not currently insured - ICFG reserves the right to subrogation if it is later determined that personal medical insurance was in place. I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out herein, to the extent that it applies. I further agree that in giving this permission and authorization, The Foursquare Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips outside of Foursquare facilities.

DECLARATION AND RELEASE: Adult leaders are the key to a successful camp for each student. The better prepared you are, the better your experience, and therefore the better the experience your students will have.

Failure to uphold the following guidelines is grounds for immediate dismissal of an adult leader from camp and may open him/her to legal liability:

- Fully participate in the entire camp—activities, meetings, meals and events; adult leader meetings
- NEVER be alone with a student in a private setting (cabin, meeting room, office, forested area, etc.)
- NEVER enter into any kind of romantic relationship with a student, another leader, or staff person
- NEVER use or allow any kind of foul language, humiliation, hazing or physical discipline with students
- NEVER leave the campground without prior approval of the Camp Director or Camp Coordinator
- Ensure that all students' and adult leaders' medications are kept in the First Aid station
- Immediately refer any information regarding students dealing with, or having dealt with abusive situations to the Camp Director

I affirm that all information I provided on my registration is true. I will follow the Adult Guidelines as stated above and as detailed in materials I will review prior to camp. I will fully cooperate with the camp staff, management, and program activities. I promise to conduct myself an exemplary way in the sight of the Lord Jesus with the students entrusted to me. Any controversy or claim arising out of or related to my participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association.

**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 myself at this time. I recognize that my attendance at a foursquare church event is a privilege, and as a consideration for this privilege, I release the foursquare church, including its employees, agents representatives and volunteers, from responsibility for my 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. This release is also intended to include all claims made by mine and my family, estate, heirs, personal representative or assigns.

**INDEMNIFICATION:** By signing below, I agree to indemnify, defend and hold the foursquare church harmless from any claim asserted by myself against the foursquare church, including its employees, agents, representatives and volunteers.

**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 myself, without compensation or approval rights, for use in materials created for purposes of promoting the activities of the foursquare church.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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; its 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:** \_\_\_\_\_

**2025 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 authorize any and all inquiries into the facts stated in this registration. I understand and agree that such inquiries may include (without limiting the nature and scope of the inquiries) obtaining a criminal records report. I release any person, organization or company from any and all liability, claims or damages that may directly or indirectly result from the disclosure or use of any information about me is revealed or obtained as part of the review of this application. I certify that I have carefully read and understand the above statements. A copy of this signed release may be relied upon in lieu of 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.**

I recommend this person to be an adult leader at camp and know him/her to be an individual who will fully cooperate with the camp staff and the guidelines stated above. This person has been screened by our church with the process described in Foursquare's Child and Youth Protection Manual and a criminal background check has been completed and returned clear.

**SENIOR PASTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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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)

I'm interested in my child participating in a morning class: [ ] Yes [ ] No

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. If not currently insured - ICFG reserves the right to subrogation if it is later determined that personal medical insurance was in place.

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.

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