

Super Summer 2010 Registration Form

Please PRINT in DARK INK. Do not leave anything blank!

We cannot assume that a blank space means "none", so if your answer is "none", please write "none".
Forms with missing information will be returned to you.

Gender: Male Female

Type of Registration:

Student

Red - Entering 8th grade in Fall 2010

Blue - Entering 9th grade in Fall 2010

Orange - Entering 10th grade in Fall 2010

Yellow - Entering 11th grade in Fall 2010

Green - Entering 12th grade in Fall 2010

Khaki - Graduates in Spring 2010

Purple - Called to Christian ministry, only at Session 3.

Entering 12th grade in Fall 2010 or Graduates in Spring 2010

Leadership Forum

Team Leader

T-shirt size:

S M L XL 2XL 3XL

Are you attending Super
Summer Global 2010?

No Yes

Are you called to
Christian ministry?

No Yes

First Name: _____

Last Name: _____

Birthdate: (MM/DD/YYYY) ____/____/____

Participant's Email: _____

Emergency Contact Information

Name: _____

Relationship: _____

Cell: _____

Home: _____

Work: _____

Medical Information

Recent serious injuries: No Yes

Recent surgeries: No Yes

Allergies to Medications: No Yes

Chronic Medical Conditions: No Yes

Other Pertinent Health Concerns: No Yes

Medications taken regularly: _____

Medications taken occasionally for headaches, etc.: _____

Will you bring medications with you? No Yes

Session Choice

1: East Texas Baptist University, Marshall, TX June 7-11

2: Hardin-Simmons University, Abilene, TX June 14-18

3: East Texas Baptist University, Marshall, TX June 14-18

4: University of Mary Hardin-Baylor, Belton, TX June 21-25

5: Hardin-Simmons University, Abilene, TX July 12-16

Team Leaders and Leadership Forum Participants

Please mark any areas that you would be willing to
serve as a volunteer if needed.

Athletics

Marketing

Security

Medical

Participant Mailing Address

Street Address: _____

City: _____ St: _____ Zip: _____

Church Information

Church Name: _____

Church City: _____

Church Contact Person: _____

Church Contact Phone: _____

Medical Insurance Information

Do you have medical insurance? No Yes

Insurance Company: _____

Group Number: _____

Member Number: _____

Insurance Company Contact Information

Phone Number: _____

Street Address: _____

City: _____ St: _____ Zip: _____