



FUGE®

life-changing camps and events ...

FUGE REGISTRATION CHECKLIST

The requirements below must be met to attend FUGE 2010:

ONE Permission Form Completed

TWO Fuge Release Forms completed, signed by both participant and parent/guardian
and notarized

(DO NOT PHOTOCOPY NOTARIZED FORMS)

ONE Copy of Medical Insurance Card

ONE Student Covenant

(SIGNED BY BOTH PARENT/GUARDIAN AND STUDENT)

Registration Fee of \$50.00

If all of these requirements are met by February 28th, you save \$50.00!!

Fuge INFORMATION!!

2010

One week of
crazy great fun
Cost: \$200.00
Register by
February 28
and save \$50.00!

Forms are available
in the Student Center or
at the Information Desk
and can be downloaded
by following the link
on our website at
fusions@bc.blogspot.com.



FUGE[®]

life-changing camps and events ...

Parents volunteering
to go along
as leaders go FREE.
Call Dave
if you are a parent
and are interested!

June 28—July 3
N. Greenville University
Greenville, SC

(detach here)

PERMISSION FORM

Return all forms, completed, signed and notarized and your \$50
registration fee by February 28th and save \$50.00!

Any registration received after February 28th is full price.

We will not accept partial forms.

All forms must be completed, notarized and turned in by February 28th to save \$50.00!

Student Name _____ Grade _____

Gender: _____ Age: _____ T-shirt size: _____

Students Cell #: _____

Parent/Guardian Phone # _____

Camp Choice: _____ M Fuge (for high school students)
_____ Centrifuge (for middle school students)

FUGE RELEASE FORM

Bring TWO notarized copies of this sheet to registration. Turn one in and keep one for yourself to have with you at camp. Attach a photocopy of insurance form or card.

Fuge Venue _____
Participant Name _____ Age _____ Date of Birth ___/___/___
Address _____ City _____ St _____ ZIP _____
Name of Church _____ Address _____ City _____ St _____ ZIP _____
In case of an emergency notify: _____ Phone Numbers - Home:(____) _____
Work: (____) _____ Mobile:(____) _____ Pager:(____) _____ Other:(____) _____

Medical Profile

Generally, Participant's Health is: (Check One) ___Excellent ___Good ___Fair___Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma___ Sinusitis___ Bronchitis_____

Kidney Trouble___ Heart Trouble___ Diabetes___ Dizziness___ Stomach Upset___ Hay Fever___

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases:___Chickenpox___ Measles___ Mumps___ Whooping Cough___ Other _____

Date of Tetanus Immunization: ___/___/___

Family Physician _____ Phone(____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____ Place of Employment _____

Subscriber Occupation: _____ Work Phone: _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the Fuge Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Participant's Signature _____ Date: ___/___/___

Parent/ Guardian Signature _____ Phone () _____ Date: ___/___/___

Notary Acknowledgement (Notary: please affix seal to both sheets.)

State of _____

County of _____

On _____ before me, _____ Notary Public personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that that h/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State that the foregoing paragraph is true and correct.

WITNESS my hand an official seal.

Notary signature: _____

My commission expires: _____

FUGE RELEASE FORM

Bring TWO notarized copies of this sheet to registration. Turn one in and keep one for yourself to have with you at camp. Attach a photocopy of insurance form or card.

Fuge Venue _____
Participant Name _____ Age _____ Date of Birth ____/____/____
Address _____ City _____ St _____ ZIP _____
Name of Church _____ Address _____ City _____ St _____ ZIP _____
In case of an emergency notify: _____ Phone Numbers - Home:(____) _____
Work: (____) _____ Mobile:(____) _____ Pager:(____) _____ Other:(____) _____

Medical Profile

Generally, Participant's Health is: (Check One) ___Excellent ___Good ___Fair___Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma ___ Sinusitis ___ Bronchitis _____

Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever ___

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: ___Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone(____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____ Place of Employment _____

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My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the Fuge Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

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

Parent/ Guardian Signature _____ Phone () _____ Date: ____/____/____

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I certify under PENALTY OF PERJURY under the laws of the State that the foregoing paragraph is true and correct.

WITNESS my hand an official seal.

Notary signature: _____

My commission expires: _____

Student Covenant

As part of the “FUGE” experience, I recognize that I need to act and behave in a way that brings honor to God and keeps the week free from distractions so others can experience God. I covenant to act responsibly, to think about consequences, and to do nothing which would in any way reflect negatively on the purpose of the this group, my obligation as a Christian, my home, my parents, and Stevens Street Baptist Church.

I promise that during the trip I will not have in my possession any smoking materials, any tobacco, any alcoholic beverages, or any illegal drugs. I understand that guys are not to be in the girl’s rooms and girls are not to be in the guys rooms. **I understand that any violation of these rules will result in my being sent home immediately. I also understand that any extra expense will be incurred by my parents.**

I also understand and accept these rules about the retreat:

- 1. No CD, MP3, DVD players, laptop computers or other visual entertainment devices are allowed while at FUGE - this is a rule of FUGE and will be strictly observed. During travel time to and from Greenville, SC MP3 players are allowed in the vans. There is always a chance of personal effects being stolen so it is the student’s responsibility to insure their possessions are properly stored and rooms locked..*
- 2. All scheduled times are to be strictly observed. Anyone caught out of the rooms “after hours” without permission will be sent home immediately.*
- 3. Any damage to the camp facilities will result in dividing the cost among persons involved. The Student Ministry will not be responsible for your horseplay. Any money owed the facility for damage resulting from horseplay will be paid by you and your family.*
- 4. Under no circumstances should a student be alone ANYWHERE! There should be at least 3 people together at all times.*
- 5. Under no circumstances should a student leave the facility without permission from Dave.*
- 6. Under no circumstances should any students have any weapons including knives, guns, fireworks, etc...*
- 7. Public Displays of Affection (PDA) should be left at the house. Unless it’s your mother, father, brother, sister, husband or wife there’s no need to kiss them or hold their hand!*

I/We the undersigned have legal custody of the student named below, a minor, and have given our consent for him/her to attend events being organized by Stevens Street Baptist Church (herein referred to as the Church.) I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child’s involvement. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the student ministry staff member

Student

Date

Parent

Date