



Space City Tres Dias Candidate Application Weekend # _____

Name _____ Male or Female _____ Preferred Name _____

Street _____ Suite or Apt _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email _____ Date of Birth _____ Age at Weekend _____

Current Marital Status _____ Married _____ Single

If you are a married candidate, has your spouse attended a Tres Dias or equivalent weekend? _____

If yes, what community? _____ What weekend? _____

If you are a married candidate, has your spouse also submitted an application to attend this same set of weekends? _____

Spouse's Name _____

Church Attending _____ City _____

Are you a Christian? _____ Yes _____ No Are you a member of the clergy? If yes, ministry name: _____

Do you smoke? _____ Yes _____ No

Do you have any special needs? (i.e. wheelchair accessibility, chronic illness, special diet, food allergies, sleeping arrangements or medications)? _____ Yes _____ No If yes, please describe: _____

Candidate Name Printed

Candidate Signature

Sponsor: After careful thought & prayerful consideration of the essentials of Candidate Sponsorship of Tres Dias, I hereby approve and recommend this Candidate for the weekend and I commit myself to support this Candidate BEFORE, DURING, & AFTER the weekend. I have reviewed with the candidate the information attached to this application and verify that all information is complete, correct and that any known medical conditions or special requirements relating to medication, food, sleeping, mobility or any other special accommodations or needs have been discussed with the candidate and disclosed on this form.

(Sponsor's Printed Name and Weekend Attended)

(Sponsor's Signature)

(Sponsor's email)

(Sponsor's phone number)

Who will bring candidate to the weekend? _____

IN ORDER TO RESERVE A SPOT ON THE CANDIDATE LIST, WE MUST HAVE YOUR FULLY COMPLETED/EXECUTED (1) APPLICATION, (2) RELEASE AND (3) \$25.00 DEPOSIT

THE TOTAL WEEKEND FEE OF \$170.00 (less deposit) IS DUE PRIOR TO THE WEEKEND.

Please makes checks payable to Space City Tres Dias.

For any questions regarding the application, please contact Pre-Weekend Couple:

Bobby Dunlap at (832) 260-6487 or Jennifer Dunlap at (832) 216-6332.

Sponsor is responsible for insuring that the original Application, Release and the \$25.00 Deposit are delivered to:
Bobby & Jennifer Dunlap, SCTD Pre-Weekend Couple, 2503 Hidden Creek, Pearland, Texas 77581



Release for Space City Tres Dias

I understand that Space City Tres Dias (“SCTD”) does not own the camp where my Tres Dias Weekend will take place, and has limited control over the facility. I therefore agree to release and indemnify SCTD to the same extent that I release and indemnify Sandy Creek Bible Camp for any and all injuries which I may receive while participating in the Weekend. I further and expressly release, indemnify and hold harmless SCTD, its officers and directors, and any volunteers participating in my Weekend from any and all claims for personal injury, death, or loss or destruction of property.

I further represent and warrant that I have disclosed in writing to SCTD, on this application, each and every medical condition or issue I am aware of having which does or could require medications, special diets, sleeping accommodations, restrooms or other special considerations or facilities. I am not aware of any physical, mental or emotional limitations I have which would make it difficult for me participate in normal day-to-day activities.

Candidate Printed Name: _____

Candidate Signature: _____

Date: _____

Health History Form for Sandy Creek Bible Camp

Space City Tres Dias

Dates of Attendance: _____

The information on this form is gathered to assist us in identifying appropriate care.

Name _____ Birth date _____ Age at camp _____
Last / First / Middle

Home address _____
Street address City State Zip

In an emergency, notify:

Name _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

Is the participant covered by medical/hospital insurance? ____ Yes ____ No

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Social security number of policy holder or Insurance ID number _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. I further, hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, anesthesia, surgery, or any other medical decision.

Signature _____

Name _____ Date _____

Health History

Medication allergies, Food allergies Describe reaction and management of the reaction. **Other allergies** (list)

Name: _____ Date: _____

MEDICATIONS BEING TAKEN

Keep all medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

<input type="checkbox"/> This person takes NO medication on a routine basis. Please complete back side as well.
<input type="checkbox"/> This person takes medications as follows: Med #1 _____ Reason for taking _____ Med #2 _____ Reason for taking _____ Med #3 _____ Reason for taking _____

Attach additional pages for more medications.

RESTRICTIONS

The following restrictions apply to this individual.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Do you have any medical or other conditions that medical staff should know?

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Medical Information:

Sandy Creek Bible Camp has a Camper Insurance program which uses the campers existing Medical Insurance Policy as the primary coverage provider and uses the Camp insurance as the secondary provider. The Staff at Sandy Creek Bible Camp will attempt to contact the emergency contact as listed at the top of this waiver as soon as possible and will keep them up-to-date concerning the condition and treatment of the Attendee.

WAIVER OF CLAIM SANDY CREEK BIBLE CAMP ACTIVITIES

This Waiver of Claim (the "Waiver") is given for the following purposes:

1. I hereby desire to participate in various activities while on or about the premises of Sandy Creek Bible Camp in _____ (month/year), without any supervision supplied by Sandy Creek Bible Camp.
2. I recognize that although the odds of serious injury or death is low, nevertheless, a body that slips or falls may have a reaction to the immediate injury or the treatment for such injury that results in a medical condition that could lead to serious injury or death.
3. I agree that in exchange for Sandy Creek Bible Camp allowing me to participate in the activities on the premises that I in my individual capacities will not assert or pursue a claim for personal injury against Sandy Creek Bible Camp or any person or entity or fellow participant that conducts or participates in any activity on the premises. More specifically, I hereby WAIVE and RENOUNCE and RELEASE any claim for personal injury suffered by me during activities regardless of the cause of the injury, that is, regardless of whether the injury is caused by participating in the a planned activity or injury caused by movement on the premises or the mere going to and from the site where the activity takes place and regardless of whether the injury is caused by the negligence of any person or entity involved in the activity or the condition of the premises where the activity takes place SAVE and EXCEPT injury caused by gross negligence of Sandy Creek Bible Camp acting through its agents, servants, employees, officers, directors or owners.
4. I agree that if any claim is brought by any participant against Sandy Creek Bible Camp or any employee, agent, owner, director or officer of Sandy Creek Bible Camp because of my actions or omissions while participating in activities on the premises of Sandy Creek Bible Camp, I shall INDEMNIFY and HOLD HARMLESS Sandy Creek Bible Camp, its employees, agents, owners, officers and directors from and against any such claim including the duty to investigate, defend and pay on the part of Sandy Creek Bible Camp.
5. Texas law governs the interpretation and enforcement of this Waiver. Venue of any dispute will be in the county where Sandy Creek Bible Camp is located. Any claim shall be first discussed among the claimant(s) and Sandy Creek before any suit if filed by way of face-to-face meeting on the premises, and thereafter, by way of non-binding mediation BEFORE suit to interpret or enforce is filed.

NAME OF ATTENDEE: _____

SIGNATURE OF ATTENDEE: _____ Date: _____