

# SCTD Information Sheet

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ / \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Church \_\_\_\_\_

I attended \_\_\_\_\_ # \_\_\_\_\_ in \_\_\_\_\_  
(TD or sister Community) (city/state)

I have attended a Tres Dias School. Community/date: \_\_\_\_\_ Intl training?  
 \_\_\_\_\_

**TRES DIAS / CURSILLO / EMMAUS TEAM EXPERIENCE**

**THOSE THAT HAVE FILLED IN THIS FORM FOR A PREVIOUS SCTD WEEKEND, NEED ONLY TO UPDATE THE TEAM EXPERIENCE SINCE LAST SERVING IN SCTD**

Position / Talk on Weekend	Community / Weekend #	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

**AVAILABILITY TO SERVE ON WEEKEND FUTURE TEAMS**

**All Weekends:** \_\_\_\_ Yes \_\_\_\_ No **Fall Weekend:** \_\_\_\_ Yes \_\_\_\_ No **Spring Weekend:** \_\_\_\_ Yes \_\_\_\_ No

**SPECIAL GIFTS / SKILLS / ABILITIES**

- |  |                       |
|--|-----------------------|
| ____ Audio/Video                         | ____ Clergy           |
| ____ Computer (Excel, Word, Power Point) | ____ Crafts           |
| ____ Computer (Creative Design)          | ____ Sewing           |
| ____ Web Master                          | ____ Photography      |
| ____ Plumber                             | ____ Carpentry        |
| ____ Music-vocals                        | ____ Music-Instrument |
| ____ Medical(First Aid)                  | ____ Other _____      |
| ____ Electrician                         | Explain (EX: BBQ)     |

# SCTD # \_\_\_\_\_ Team Commitment Form

I, \_\_\_\_\_, affirm that I am a \_\_\_\_\_ person who is  
lay / clergy

consistent in my walk with Christ, faithful in my local church, supportive of my pastor and an active participant, endeavoring to be an *Authentic Christian Leader* in my personal *Piety, Study and Action* and will strive to present the highest moral standard before the team and candidates; have attended a Tres Dias or other approved similar weekend; have been selected by the rector and approved by the Tres Dias Secretariat, agree to serve as \_\_\_\_\_ on **Space City Tres Dias Men's/Women's # \_\_\_\_\_**.

**Please read and initial each affirming that you are in compliance:**

- I recognize that the rectors and head chas are responsible for all aspects of the weekend under the direction of the Tres Dias Secretariat and will submit to their authority.
- I will be faithful to my responsibilities and work with the others on the team with a spirit of cooperation, unity, and love.
- I will commit to attend a minimum of 3 of the 4 team meetings.
- I understand the "weekend" is from send-off until the last verse of "Amazing Grace" at closing and I will commit to attend the complete weekend.
- I will endeavor to listen and love, helping break down the walls that stand between Christ and the candidates. I will pray for the team and candidates and endeavor to serve them as Christ would.
- I am leading a life of piety, study, & action.
- I am regularly attending and serving in my local church.
- My household is in order and will not be harmed by my attendance of team meetings and participation on the weekend.
- I agree that I am responsible for paying my team fee of **\$180.00** prior to the weekend.

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 \_\_\_\_\_

Home address \_\_\_\_\_  
*Street address City State Zip*

In an emergency, notify:

Name \_\_\_\_\_

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 or insurance ID Number \_\_\_\_\_

<p><b>Permission to Provide Necessary Treatment or Emergency Care:</b> 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.</p> <p>Signature _____</p> <p>Name _____ Date _____</p>
---

#### Health History

<b>Medication allergies, Food allergies</b>	Describe reaction and management of the reaction. <b>Other</b>
<b>allergies (list)</b>	
_____	_____
_____	_____
_____	_____

**MEDICATIONS BEING TAKEN**

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

**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.
--

<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 \_\_\_\_\_, 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 \_\_\_\_\_



## Release for Space City Tres Dias RELEASE

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 medical forms, 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.

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

Printed name: \_\_\_\_\_