



Application for Grace Gulf Coast Tres Dias Weekend

Male
 Female

Name Preferred Name Date of Birth Current Age

Street Address Home Phone Work Phone Cell Phone

City State Zip Email Address

T-shirt Size: S M L XL 2XL 3XL

Marital Status? Married Engaged Single

Name of Spouse/ Fiancé

If married or engaged, has your spouse/fiancé attended a Tres Dias or equivalent weekend? Yes No

If Yes, where? _____ When Month Year)? _____

If No, has your spouse/fiancé submitted an application to attend this same set of weekends? Yes No

Are you a Christian? Yes No Member of Clergy? Yes No If yes, ministry name: _____

Church Attending: _____ City: _____

Do you have any special needs that we can accommodate? (i.e. special diet and/or food allergies, wheelchair accessibility, sleeping arrangements, etc.) Yes No

If Yes, please describe:

Candidate Signature Printed Name Date Signed

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 and correct and that any known medical conditions or special requirements relating to medication, diet, sleeping, mobility or any other special accommodations/needs have been discussed with the candidate and disclosed on this form.

Sponsor's Name Sponsor's Signature Date Signed

Sponsor's Email Sponsor's Cell Phone

Are you transporting the candidate to camp? Yes No If no, _____
Driver's Name Driver's Cell Phone

Total Weekend Fee _____
Amount enclosed : _____
Balance due: _____ Who should we invoice for the balance due? Candidate Sponsor

CANDIDATE WILL NOT BE ADDED TO THE LIST UNTIL WE HAVE A FULLY COMPLETED APPLICATION & 25.00 DEPOSIT OR FULL PAYMENT.

Make check payable to GGCTD and mail it along with this completed application (ALL 5 PAGES) to:
Juan and Beth El Gomez ♦ 7403 Lone Star Junction ♦ Richmond, TX 77406

For any questions regarding the application, please email Juan and Beth El Gomez at applications@ggctd.org.



Release for Grace Gulf Coast Tres Dias

I understand that Grace Gulf Coast Tres Dias ("GGCTD") 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 GGCTD 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 GGCTD, 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 GGCTD, 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.

Signature

Date

Printed Name



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 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 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.

Signature

Date

Printed Name

Health Information for Sandy Creek Bible Camp

Grace Gulf Coast Tres Dias

April

Year

October

Name

Date of Birth

Current Age

Address

City

State

Zip

In case of emergency, notify:

Name

Phone

Relationship

Address

City

State

Zip

Do you have medical insurance?

Yes

No

Carrier/Plan Name

Group #

ID #

Name of Insured

Relationship to Participant

SSN of policy holder

List all known allergies (i.e. food, bee sting, penicillin, etc.) the reaction and how to manage it.

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

Print Name

Date

Do you take any medication on a routine basis?

Yes

No

Medication

Reason for taking

Medication

Reason for taking

Medication

Reason for taking

Medication

Reason for taking

Medication

Reason for taking

Do you have any physical limitations?

Yes

No

Please describe:

Do you have any medical conditions that interfere with daily tasks?

Yes

No

Please describe:

Do you have any dietary restrictions?

Yes

No

Please describe:

Do you have need for any special accommodations?

Yes

No

Please describe:

Name of Family Physician

Phone

Address

City

State

Zip

Name of Family Dentist/Orthodontist

Phone

Address

City

State

Zip

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 Participant.

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