



# first baptist CHOCTAW

## Activity Participation Agreement

**First Baptist Church of Choctaw**

**Address: 2700 N Main, Choctaw, OK 73020 Phone: 405-390-2131**

**Lead Sponsor: AJ Stewart Activity: Falls Creek Youth Camp Dates: July 20-24, 2026**

**Location: Davis, Oklahoma**

**Participant Information (To be completed by participant or authorized guardian)** Name of

Participant: \_\_\_\_\_

Name of Parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (guardian): \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_ (Use Back if extra space is needed)

Is sponsor authorized to approve medical treatment? Yes No

Is the participant covered by parental/family medical insurance? Yes No

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

### Participation Agreement:

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

**Both Parent/Guardians initials agreeing to the above statement:** \_\_\_\_\_

**Marriage, Gender and Appropriate Behavior Agreement:**

First Baptist Church Choctaw operates on a strongly held belief that the marriage relationship has been established by God as a union between one man and one woman. (Genesis 2:24; Ephesians 5:31). First Baptist Church Choctaw further holds that, in accordance with Scripture, sexual intimacy and sexual activity is appropriate only within the marriage relationship, between one husband and one wife. (I Corinthians 7:2; Hebrews 13:4). First Baptist Church Choctaw believes God has created two distinct and complementary genders, male and female, and each person is created in accordance with God’s perfect design (Genesis 1:27; Matthew 19:4).

Accordingly, First Baptist Church Choctaw views the following behaviors as inappropriate and contrary to Scripture:

- 1) Any sexual intimacy or sexual act between individuals who are not married to one another.
- 2) Any marriage or civil union that is not between one man and one woman.
- 3) Any attempt to adopt or present as a different gender than that assigned at birth.
- 4) Any other activity, teaching, or behavior that is contrary to a biblical view of marriage, gender, and/or appropriate behavior as outlined in this provision.

All members\* of First Baptist Church Choctaw and all individuals involved in First Baptist Church Choctaw operations, activities, and events are expected to uphold the ministry’s perspective on marriage, gender, sexual intimacy, and appropriate behavior as set forth in this provision. Individuals and organizations who desire to use First Baptist Church Choctaw facilities must also act in accordance with this provision.

**Consent does not necessarily mean that you agree with these beliefs, but that you understand that these are the Biblical Values that will guide our teaching of your children.**

**Both Parent/Guardians initials consenting to First Baptist Choctaw’s teaching on these matters**

: \_\_\_\_\_

**I consent that mine or my child’s image may appear on videos, promotional resources, church web page and social media, etc.**

**(BOTH PARENT OR GUARDIAN SIGNATURES ARE REQUIRED/ IF THERE IS ONE (SOLE) GUARDIAN PLEASE NOTE)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
FATHER OR GUARDIAN #1/ OR PARTICIPANT IF 18

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MOTHER OR GUARDIAN #2

Church Name: \_\_\_\_\_

Campers Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

## Medication Authorization

Please send only medications that are absolutely necessary.

Medications must be in the original container, in a zip-lock bag, accompanied by this form.

I, the parent/legal guardian of the camper named on this form give my permission for the church sponsors to:

- Dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to camper for headache, fever or minor pain;
- Dispense Benadryl or generic equivalent to camper for allergic reactions;
- Dispense Tums, Kaopectate or Pepto Bismol for upset stomach;
- Dispense antibiotic ointment (such as Hydrocortisone Cream) for minor injuries;
- Dispense prescription or other over-the-counter medication designated by and produced by the parent/guardian or family physician.

I understand that church staff, camp nurse, or church sponsors shall not be liable to the student, parent, or guardian of the child for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication while at camp.

Today's Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Emergency Day phone / Night Phone: \_\_\_\_\_ / \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage & Time to administer: \_\_\_\_\_

Side effects to report to parents: \_\_\_\_\_

Side effects that require immediate medical attention: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage & Time to administer: \_\_\_\_\_

Side effects to report to parents: \_\_\_\_\_

Side effects that require immediate medical attention: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage & Time to administer: \_\_\_\_\_

Side effects to report to parents: \_\_\_\_\_

Side effects that require immediate medical attention: \_\_\_\_\_