

Show People Love And Share Him

Dear SPLASH Participant:

We are excited that you are participating in SPLASH Gordon 2017 (July 27th – 29th). SPLASH is the effort of several churches working together to Show People Love And Share Him with our community in a variety of ways over a three day period. You can become a missionary and share the love of Jesus in visibly tangible ways without ever leaving home! SPLASH participants are engaged in local mission projects ranging from construction (painting, roofing, handicap ramps, decks, yard work, repairs, etc.) to creative ministries (sports camps, nursing home ministries, Back Yard Bible Clubs, housing authority service projects, evangelism, etc.) Our philosophy is to provide hands-on, local mission experiences that will give you an opportunity to Show People Love and Share HIM. You are in for a great time!

With this letter, you will find the 5 page Registration Packet which includes: 1-page Registration Form, 2-page Health Information Form, 1-page Medical Consent & Waiver Form, 1-page Criminal Record Release Consent Agreement. Also included is a 4-page Participant Handbook that will address SPLASH Policies and should answer most of your questions. Please read this information carefully and retain the Handbook for your information! The completed Registration Packet, along with payment (make checks payable to SPLASH Gordon), may be submitted in one of three ways:

1. Submit to your churches point person
2. Submit to the Gordon Memorial Baptist Association @ 373 Morrow Rd SE, Calhoun, GA 30701
3. Scan your completed forms and upload at www.splashgordon.net/upload-registration-packet - you must submit payment for your registration to be complete. For your convenience, you may now submit your payment online via Paypal at www.splashgordon.net/donations--payments.

Early Bird Registration is \$50.00, until March 31, 2017. Effective April 1, 2017 cost increases to \$60.00. DEADLINE to register is May 31, 2017 – absolutely no registrations will be accepted after this date! Your registrations fee includes 8 meals, transportation to and from job sites, SPLASH t-shirt and also helps defray the cost of materials for the various projects. If you register and then have to cancel, please note that refunds take 2 weeks to process and a \$15.00 processing fee will be deducted. No refunds will be given after July 1st.

Please remember that a parent or guardian must accompany children under the age of 12 during SPLASH. Thank you for volunteering to SPLASH Gordon with us!

Sincerely,

Doug Ledford
SPLASH Coordinator

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**Early bird Special \$50.00 until Mar. 31st - Cost is \$60 beginning Apr. 1st – Deadline May 31st
Refunds take 2 weeks to process, less \$15.00 processing fee. NO refunds issued after July 1st.**

*****Make checks payable to: SPLASH Gordon*****
All paperwork must be returned & a background check must be completed prior to participating in SPLASH if 18 and older. Return completed forms to your Church Point Person or to the Gordon Memorial Baptist Association Office.

First Name _____ Last Name _____
 Address _____ Gender: Male Female
 City _____ State _____ Zip _____ Home Phone _____
 Cell _____ E-mail _____
 Age _____ Date of Birth (MM/DD/YY): _____ Pastor _____
 Youth Pastor _____ Church _____
 Years involved with SPLASH? _____ T- Shirt Size: _____ Are you CPR certified? yes no First Aid? yes no

Area of Service: *(Please indicate your top 3 choices – we will try to assign you to one of your preferences, but there are no guarantees!)* **NOTE:** * Indicates must be over 18 years old

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Backyard Bible Club | <input type="checkbox"/> Cleaning Team | <input type="checkbox"/> Construction Volunteer |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Teaching/Preaching | <input type="checkbox"/> Evangelism Team |
| <input type="checkbox"/> Photo/Video | <input type="checkbox"/> Food Prep/Delivery* | <input type="checkbox"/> Medical Team* | <input type="checkbox"/> Registration Team |
| <input type="checkbox"/> Security Team* | <input type="checkbox"/> Transportation Team* | <input type="checkbox"/> Creative Ministry Team | <input type="checkbox"/> Wherever Needed |

Construction Volunteers please rate you level of experience:

Skill/Ability	Amateur					Skilled					Professional				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Carpentry/Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finish Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window/Door Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any tools/equipment you would be able to bring: _____

If needed, I am willing to serve as a: *(must be over 18 years old)*

- Team Leader * **Site Coordinator for: Creative Ministry Backyard Bible Club Construction

*** Team leaders supervise a team of students at ministry sites, must remain with team at all times. **Site Coordinators oversee a specific project site, take materials to job site, provide instruction and supervise teams. Requires service all three days.**

Days you are available? *(check all that apply)* Thurs Fri Sat ***(children under 12 must be accompanied by parent)***

Beliefs Survey: Your answers on this section will not affect your ability to participate in SPLASH Gordon. We would merely like to use this information to better serve you as you serve with us.

1. Have you come to the place in your life where you know for certain if you died you would go to heaven? Yes No Hope so

2. Suppose you were to die and stand before God and He asked you why should I let you into My Heaven, what would you say?

For SPLASH Leadership/Church Point Person Only:

Registration Received by: _____ Date: _____ Complete Yes No Date Resubmitted: _____

Payment Received \$ _____ Check # _____ Date _____

Assigned Team # _____ Team Leader _____

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Participant name _____ Date of last Tetanus Shot _____

Health Information Part 1

Primary Emergency Contact: *(Parents should be Primary Contact if under 18 years old)*

1. Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

2. Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

Secondary Emergency Contact: In emergency or if I am unable to pick up my child from SPLASH Gordon, I authorize the following people to pick up my child:

1. Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

2. Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

Insurance Information:

Insurance Carrier _____ Plan # _____ Group # _____

Name of insured _____ Relationship to insured _____

Medicare Number _____ Dentist _____ Phone _____

Primary Care Physician _____ Phone _____

In the event that a SPLASH participant needs medical care, SPLASH Gordon cannot be responsible for transportation to and from the doctor. The emergency contact will be notified to come and transport the participant; or in the case of an emergency, the participant will be transported by EMS services at the sole expense of the participant.

Does the SPLASH participant have any of the following health related concerns? (Answer yes or no to all questions)

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bee Sting Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional or Mood Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe in detail any "yes" answer in the above list. Give specific instructions about the concern and list any medications used for treatment. _____

Please list and describe any other health related issues the participant may have. _____

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Participant name _____

Health Information Part 2

Please list current routine and emergency medications that the participant will be taking during SPLASH Gordon.

Medication Name	Prescription #	Strength	Dosage	Time Taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All medications belonging to minors will be turned in to the medical staff at check-in. Please bring medication in labeled containers with directions for use clearly stated (i.e. prescription bottle, OTC bottles) with only enough medication for the days of participation in SPLASH Gordon. Place medication in a Ziploc bag with the participants name clearly written with permanent marker, place instruction sheet inside bag with medication. Emergency medications (rescue inhalers & EpiPens) will be kept by the participant after notification of the medical staff.

*****any medication not dispensed during SPLASH and not picked up at the end of SPLASH will be destroyed*****

Initial that this statement has been read and understood. _____

I hereby give permission for the appointed SPLASH Gordon personnel to administer the above and the following OTC medications, or their generic equivalent, to the above SPLASH Gordon participant if the staff deems it necessary. Dosages will be administered according to the directions on the container unless a physician directs otherwise. (Answer yes or no to all listed medications)

- | | | | | | |
|-----------|--|----------------------|--|-----------------------------------|--|
| Ibuprofen | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hydrocortisone Cream | <input type="checkbox"/> Yes <input type="checkbox"/> No | Benadryl 25mg caplets | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Neosporin | <input type="checkbox"/> Yes <input type="checkbox"/> No | Acetaminophen | <input type="checkbox"/> Yes <input type="checkbox"/> No | Antifungal cream, spray or powder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tums | <input type="checkbox"/> Yes <input type="checkbox"/> No | Benadryl cream | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pepto Bismol | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signature of parent or guardian (if participant is a minor), or SPLASH participant (if an adult)

Date

After review of this medical form, a representative of SPLASH Gordon may contact you for further information about your child's health in order to determine if your child's participation is advisable considering the projects planned for SPLASH Gordon.

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*****IMPORTANT—THIS PAGE MUST BE COMPLETED FOR ATTENDANCE*****

Participant name _____

Medical Treatment or Emergency Care Authorization:

I grant my authorization and consent for SPLASH Gordon Coordinator or other adult authorized by SPLASH Gordon (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the SPLASH Gordon participant. I understand that should a major medical problem arise, my Emergency Contact will be notified by telephone. In the event the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the SPLASH Gordon participant and to issue consent for any X-ray, anesthesia, blood transfusion, medication, surgery, injection of medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

I agree to assume full financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Waiver & Release:

I also understand that as a Participant, I or my child may be photographed or videotaped during normal 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 SPLASH Gordon and Gordon Memorial Baptist Association of the Southern Baptist Convention, the SPLASH Gordon Venue, the Church, 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 event or while on property leased or owned by any of the Released Parties.

Assumption Of Risk - I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Understanding - I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution. You or your child will have the opportunity to participate in many mission related activities, including various construction projects, nursing home ministry, Back Yard Bible Clubs, sports ministries and many others. SPLASH Gordon has many adult volunteers who will conduct these activities in the safest manner possible.

I have read, understand, and agree to the following and understand the consequences of failing to comply with these guidelines:

Medical Treatment Authorization Waiver & Release SPLASH Policies & Code of Integrity Dress Code

Participant's Signature (*parents please do not sign for student*)

Date of Signature

Parent/Guardian's Signature (*Required for anyone under 18 years*)

Date of Signature

Parents, it is imperative that your student understand the above-mentioned policies, which are found in the Participant Handbook. Lack of compliance may result in your student being dismissed from SPLASH.

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A criminal background check must be completed on every adult that participates in SPLASH Gordon. This form must be signed and notarized before it can be sent to the Sheriff's office.

GORDON COUNTY SHERRIF'S OFFICE

Mitch Ralston, Sheriff

CRIMINAL RECORD RELEASE-CONSENT AGREEMENT

I, _____ hereby authorize the Sheriff of Gordon County and/or his deputy, agent or employee to conduct an inquiry into any criminal history records pertaining to myself which may be in any local, state, or federal files or database, including the Sheriff's Office, Superior and/or other Courts, the Georgia Crime Information Center (GCIC) and/or the National Crime Information Center (NCIC).

FULL NAME: _____

SS# _____ DOB _____ SEX _____ RACE _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

My signature below certifies I am the individual listed above and that the information provided is true and correct.

SIGNATURE _____ DATE _____

Notary Public, State Of Georgia-At-Large

My commission Expires _____

PLEASE NOTE: ANY APPLICABLE CHARGES ASSESSED BY THIS AGENCY FOR THIS SERVICE WILL BE THE RESPONSIBILITY OF THE APPLICANT.

THIS INQUIRY HAS HAS NOT RESULTED IN THE RECEIPT OF CRIMINAL HISTORY RECORDS OF THE APPLICANT ABOVE.

GORDON COUNTY SHERIFF'S OFFICE