**Session & Location:**

-List of sessions by location and then date.

**Student Information:**

**Personal**

-Gender

-Date of Birth

-T-Shirt Size

-First Name

-Middle Name

-Last Name

-Preferred Name

**Contact**

-Country

-Address Line 01

-Address Line 02

-City

-State

-Zip Code

-Student’s Phone Number & type

-Alt Phone Number & type

-Student’s Email Address

**Parents/Guardians and Emergency Contact:**

**Parents or Guardians**-Select a Guardian or Create New Guardian dropdown

Guardian 1 (required under age 18)

-Relationship to Student

-First Name

-Last Name

-Lives at same address as Student? (checkbox; no additional address is requested, regardless)

-Phone Number

-Email Address

Guardian 2 (optional; same following questions)

**Emergency Contact(s)**

-First Name

-Last Name

-Phone Number

-May we contact via text message? (yes/no radio buttons)

-Email Address

**Payments:**

-Cost and discounts are calculated

-Due Date

**Payment options**  
-Select from the following:

-Pay in full

-Enter your own payment amount (Displays “minimum deposit of [amount of deposit] required”)

-Pay only the minimum deposit of [amount of deposit]

**Billing and Card Info**

-Select Recently Used Card: (drop down of previously added cards on the account)

-Do not save this credit card to the student’s application (check box)

-First Name

-Last Name

-Billing Address

-Address 2 (optional)

-City

-State (2-character dropdown)

-Zip Code

-Card Type (dropdown)

-Card Number

-Expiration Date (Month dropdown, year dropdown)

-CVV Code

-I have read and agree to the End User Agreement (checkbox; document linked where titled)

-Signature Box requiring a first, middle initial, and last name

**Other Personal Information:**

**Education**

-Country (high school)

-City

-State (drop down)

-Type (Public, Private, Parochial, Home radio buttons)

-(College information, if applicable)

**Church**

-Country

-Current Church’s Name

-Church’s Full Address

-City

-State

-Zip Code

-Pastor’s First Name

-Pastor’s Last Name

-Youth Pastor’s First Name

-Youth Pastor’s Last Name

**Summit Experience**

-Previously attended Summit (select location and year if applicable)

-Which Summit Courses have you taken? (checkboxes for curricula)

-How did you hear about Summit? (checkboxes for options)

**Additional Questions**

What are a few of your hobbies?

Favorite snacks and drinks?

Do you have pets? If so, what are their names?

What's a family tradition you have?

**Health and Medical Information:**

**Medical History (Student)**

-Pre-Existing Conditions (must check at least one)

Recent Injury, illness or infectious disease  
 Recent hospitalization  
 Recent surgery  
 Previous head injury  
 Frequent respiratory infections  
 Frequent sinus infections  
 Asthma  
 Allergies / Hay fever  
 Positive tuberculosis skin test  
 Diabetes  
 Cardiac conditions  
 Seizures

 Migraine headaches  
 Mononucleosis in the past 12 months  
 Abnormal menstrual history (female)  
 Eating disorder  
 Emotional or Mental difficulties for which help has been sought  
 Any psychiatric conditions  
 Have you ever been suicidal or attempted to harm yourself?  
 Hypoglycemia  
 Anxiety  
 Depression  
 Post Traumatic Stress Disorder (PTSD)  
 Other (not listed)  
 Nothing (none of these)

-When was your last Tetanus Shot? (month and year dropdown as well as checkbox for “Not Received or Unknown”)

**Medications & Allergies (Student)**

-Please list all medications you are currently taking, both prescribed and over the counter. Include name, dosage, frequency, and indication. (Type "none" if you are not currently taking any medication.)

-Are you allergic to any of the following medications or their generic versions? [You must answer "yes" or "no" to each medication]:

Tylenol   
Ibuprofen  
Benadryl  
Dayquil   
Nyquil  
Tums   
Robitussin   
Antibiotic ointment  
Hydro-cortisone  
Albuterol

-Do you have an allergic reaction to any other Medications?

If “yes”: List all allergies to Medications:

-Do you have an allergic reaction to any Food?

-If “yes”: List all allergies to Foods:

Note on Page: (We can accommodate gluten, dairy, and peanut allergies at all locations. Please email [registration@summit.org](mailto:registration@summit.org?subject=Online%20Registration%20Help) to inquire about other accommodations.)

-Do you have any other allergies?

-if “yes”: List all other allergies:

-Do you have an anaphylactic reaction to anything (medications, environmental, food, other)?

-if “yes”: Do you carry an Epi Pen?

-if “yes”: What allergies require you to carry an Epi Pen?

-if “yes”: Epi Pen Acknowledgement:

 “Check this box to acknowledge your responsibility (and the requirement) to bring your Epi Pen to Summit.”

**Release Form & Insurance**

-Student, are you currently covered by medical or hospital insurance?

-if “yes”: Coverage Company's Name & Phone Number:

 -[**View, Read, and Sign**](https://register.studentconferences.org/student/) the Activity Release and Consent Form ... (certification required by an Adult-Student or a Parent / Guardian)

I popped in the current version of the release forms for the 2022 locations at the bottom of this document.

**Additional Questions:**

-Would you describe yourself as a Christian? (Your response will not hinder your ability to register...)

(Yes, no, unsure radio buttons)

-Briefly describe your spiritual journey/Brief Christian Testimony

-Reasons for wanting to attend Summit

-Roommate(s) Request -- List Names (*optional*):

**Summit Values & Code of Conduct**

Top of Form

\*\* Must be signed at the bottom of this document

**Summit's Convictions**As an outworking of this Statement of Faith, Summit agrees with and holds to certain convictions describing what we know to be true about the world:

**God.***God, existing eternally in three persons, Father, Son, and Holy Spirit, is the source of all truth and He expresses His nature relationally*. God has revealed himself both in nature and through the Bible, the only inerrant, inspired, authoritative Word of God. This has implications for the institutions of church, family, commerce and government.

**Humanity.** *All human beings bear God’s image and are thus inherently valuable—beginning at conception—whether or not society regards them as healthy, productive, or useful.* As God’s image bearers, men and women of all races and nationalities have the capacity and the calling to steward creation, create economic and social value, pursue justice, stand against evil, and act in a transforming way in culture.

**Salvation.** *Through sin humanity has departed from God’s way, but through our Lord Jesus Christ God has made a way for us to be reconciled to Him, to be transformed to understand and do His will, and to be ambassadors of His gospel*. Further, God has instituted the Church as a vital means by which His gospel would be proclaimed and practiced.

**Society.***Citizens of the kingdom of heaven will always be the best citizens of the kingdom of man, because obeying God above all earthly powers is what best secures the blessings of liberty*. Government is God-ordained to punish evil and protect the good. When it oversteps its bounds by failing to recognize the value of each person, or by constraining conscience, or by calling good what God calls evil and calling evil what God calls good, we must call it to account.

**Marriage.** *God made human beings male and female, equal in value but complementary in their relationship to one another* (Gen. 1:26-27). Gender is not a mere social construction, but part of a loving Creator’s design that is lived out in singlehood as well as in marriage, which we believe to have been created by God and intended for one man and one woman, for life (Gen. 2:18-25). Man/woman marriage is the only proper place for intimate sexual relationship and it is the proper place in which to welcome children—by birth or adoption—as a blessing from God. As valuable as marriage is, though, we believe that only God can ultimately meet our need for intimacy, and that our identity is properly placed in Christ rather than in our marital status or our assessment of our feelings of sexual attraction.

**Stewardship.** *Human beings were given charge over God’s creation, and we take seriously our calling to care for it*. We are called to bear God’s image through creativity and industriousness. We support the principles of free exchange, respect for private property, and honesty as being means by which we best care for our planet, serve one another, and alleviate poverty and its effects.

We see these convictions as based on justified true beliefs describing the world as it actually is, not on mere opinion or upbringing. Thus, out of gratitude and commitment to our Lord, we will believe them, act upon them, and seek to persuade others.

**Code of Conduct  
What We Expect of You:**

1. A willingness to learn (from the Bible, classes, each other, experiences, etc.)
2. A willingness to participate (classes, dorms, sports, singing, worship, fellowship, etc.)
3. A willingness to obey (rules, common etiquette, decorum,
4. A willingness to enjoy (God, His creation, life, each other, a part of America the Beautiful).
5. A willingness to praise (devotions, singing, worship, fellowship, etc.).
6. A willingness to ponder (the things of God’s Word and world).
7. A willingness to be thankful (for eternal life, parents, godly influences, etc.).
8. A willingness to grow up (i.e. become mature Christian young men and women.).
9. A willingness to allow God to use us (in school, home, vocation, church, etc).
10. A willingness to be better prepared for the Christian life in the world of sin and perversity in order to shine as lights in the world (Philippians 2:15) and be a blessing and part of the solution instead of part of the problem.

The student applicant must type his or her full name into the box below and click, "Yes, I Certify" to signify that he or she has read, understood, and agreed to the Missional Values and Code of Conduct.

|  |  |  |
| --- | --- | --- |
|  | **Yes, I Certify** | No, Close this Form |

Bottom of Form

**Ride:**

(Transportation information based on the session)

-Pick-up (cost)

-Arrival Time

-Arrival Method (Air, Bus, Other)

-Details: (Flight Number, Station #, Other)

-Drop-off (cost)

-Departure Time

-Departure Method (Air, Bus, Other)

-Details: (Flight Number, Station #, Other)

**Release forms by location:**

**Colorado**

I consent for myself or my child to participate in all general camp activities, including outdoor recreation, hiking, and sports. I also consent for myself or my child to participate in the following specific activities sponsored by Summit Ministries, with the proper release forms, if required.

Hiking Pikes Peak:  
A vigorous hike up a 14,000-foot mountain includes risks from high altitude, exposure, dehydration, severe weather, lightning, and falling rocks.  
  
Laser Tag: (additional, digital release form required by lasertag company)  
Injury could be incurred through participant action or equipment use.

Rock Climbing: (additional release form required by rock climbing company)  
Outdoor rock climbing (up to 60 feet) risks include falling, equipment failure, and being struck by rocks.

White Water Rafting: (additional release form required by rafting company)  
Dangerous Class III & IV rapids, risks include possible drowning, hazards of swift water and boulders.

Zipline: (Additional release form required by zipline company)  
Injury could be incurred through participant action or equipment use.

**Risks**  
I understand that these activities and the facilities where they are conducted may be dangerous and may involve a number of risks, both known and unknown. I understand it is impossible in advance to specify all risks that may arise from participation in these activities. I further understand that these risks may entail serious injury, loss, property damage, and even death. Nevertheless, I want myself or my child to have the opportunity to participate in the activities sponsored by Summit Ministries, and this Activity Release is given in exchange for that opportunity. I fully assume all risks arising from or in any way connected with my or my child's participation in these activities.

**Waiver, Release, and Indemnification**  
I, individually, or in my capacity as parent/guardian of my child, hereby waive, release, indemnify, and hold harmless Summit Ministries and/or any of its constituent organizations, agents, ministers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, arising from or in any way connected with, the above-listed activities, including travel associated with these activities, and that involve any injury, loss, damage, or death to me, my spouse, my child, my property, my spouse's property, or the property of my child. I hereby acknowledge and expressly agree that this waiver, release, and indemnification applies to claims arising out of the Released Parties' own negligence, but does not apply to claims of criminal conduct, gross negligence, or intentional acts.

**Medical**  
In case of medical need or injury, I understand that Summit Ministries will make every reasonable effort to contact me (in the case of an injury to my child) or my emergency contact. In the event that I or my emergency contact cannot be reached, I authorize Summit to arrange for medical services for me or for my child. I will be responsible for any medical and related expenses for me or my child. Any provider of care can rely on this Consent as authority to treat me or my child as appropriate and to bill me directly for the costs thereof. I understand that Summit will hold any medication for my child until needed or scheduled, at which time it is my or my child's responsibility to inform the staff that the medication is needed. I agree that I am responsible for communicating any relevant medical conditions pertaining to me or my child to Summit Ministries staff using the appropriate Medical History Form (or online equivalent).

**Photo/Video**  
I understand that Summit Ministries and affiliate organizations may take photographs/video footage of me or my child in the course of its activities, and I grant Summit and the affiliate organizations permission to publish such materials in a manner they deem appropriate.

**To revoke this agreement, I must notify Summit Ministries in writing in advance of the event.**

Signature of Parent/Guardian -OR- Adult Student (age 18 or over)  
To certify agreement with the Activity Release and Consent, the Signer (age 18 or over) should type their Full Legal Name below:

"I certify that I have read, understand, and agree to the Summit Ministries Activity Release and Consent Form."

**Georgia**

I consent for myself or my child to participate in all general camp activities, including outdoor recreation, hiking, and sports,. I also consent for myself or my child to participate in off-campus activities sponsored by Summit Ministries, with the proper release forms, if required.

**Risks**  
I understand that these activities and the facilities where they are conducted may be dangerous and may involve a number of risks, both known and unknown. I understand it is impossible in advance to specify all risks that may arise from participation in these activities. I further understand that these risks may entail serious injury, loss, property damage, and even death. Nevertheless, I want myself or my child to have the opportunity to participate in the activities sponsored by Summit Ministries, and this Activity Release is given in exchange for that opportunity. I fully assume all risks arising from or in any way connected with my or my child's participation in these activities.

**Waiver, Release, and Indemnification**  
I, individually, or in my capacity as parent/guardian of my child, hereby waive, release, indemnify, and hold harmless Summit Ministries and/or any of its constituent organizations, agents, ministers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, arising from or in any way connected with, the above-listed activities, including travel associated with these activities, and that involve any injury, loss, damage, or death to me, my spouse, my child, my property, my spouse's property, or the property of my child. I hereby acknowledge and expressly agree that this waiver, release, and indemnification applies to claims arising out of the Released Parties' own negligence, but does not apply to claims of criminal conduct, gross negligence, or intentional acts.

**Medical**  
In case of medical need or injury, I understand that Summit Ministries will make every reasonable effort to contact me (in the case of an injury to my child) or my emergency contact. In the event that I or my emergency contact cannot be reached, I authorize Summit to arrange for medical services for me or for my child. I will be responsible for any medical and related expenses for me or my child. Any provider of care can rely on this Consent as authority to treat me or my child as appropriate and to bill me directly for the costs thereof. I understand that Summit will hold any medication for my child until needed or scheduled, at which time it is my or my child's responsibility to inform the staff that the medication is needed. I agree that I am responsible for communicating any relevant medical conditions pertaining to me or my child to Summit Ministries staff using the appropriate Medical History Form (or online equivalent).

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