



Worship Arts Camp for Kids

July 22-24, 2024 @
Quail Springs Baptist Church

Metro Baptist Network, OKC is excited to sponsor WACK for kids who have completed 3rd- 6th grade! Campers will spend 3 days learning a musical and participating in worship, recreation, missions and music theory rotations. Each camper will also choose a worship arts track which will be showcased on Wednesday evening. This year's tracks include: Banners, Cartooning, Fabric Arts, Flag Corps, Handbells, Legos, Percussion, Photography, Set Design, Sign Language, Song Writing, Stomp, Ukulele and Woodworking!

COST (includes music, t-shirt, 6 meals & fees)

\$50 per Camper & **\$25** per Sponsor paid to Metro Baptist Network, OKC
(We do not publish the cost so each church can decide what to charge each camper.)

2024 SCHEDULE

Monday, July 22nd - 9:00 am - 5:30 pm

Tuesday, July 23rd - 9:00 am - 5:30 pm

Wednesday, July 24th - 9:00 am - 6:30 pm

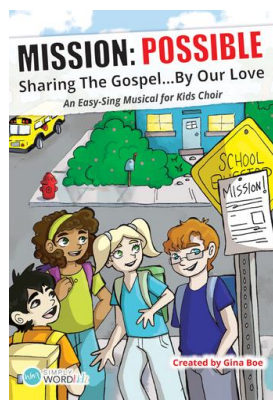
Concert featuring all campers will begin at 6:30 pm on Wed. in the QSBC Worship Center!

MEALS

Lunch and Dinner will be provided on Monday, Tuesday and Wednesday.

MUSICAL

An ordinary day at the school bus stop...a mysterious message you haven't seen before...your mission, should you decide to accept it...



In this musical, what seems to start out like an ordinary day, quickly turns into an action-packed adventure with a strange note and a mission!

Come along and join us on this **MISSION: POSSIBLE**—where God will show each of us what He has called us to do for His Kingdom! Created by Gina Boe, **MISSION POSSIBLE** is a fun, scripture-filled musical for kids bursting with biblical truths found in Mark 16:15 and Ephesians 2:10. Students will learn that, as believers, no matter where they are, no matter what their talents are, and no matter the circumstances, they have been given a mission – they have been called to spread the Good News of Jesus to the world around them.

DRAMA AUDITIONS

Information about drama auditions will be coming soon.

VOCAL AUDITIONS

Information about vocal auditions will be coming soon.

TRACK SIGN UP

We will be using an online form for track sign-ups and t-shirt orders. When you have received a camper's Health Form and Payment, you can follow this link: <https://tinyurl.com/wack24> and then click on "WACK 2024 Camper Registration".

This online form should only be used by your church staff to register campers who have turned in a Health Form and payment to you. Please do not share this link!

Please note that tracks have capacity limitations and will not be available once they are full. Each camper should indicate a 1st, 2nd & 3rd track choice on their health form, and you may need to register them in their 2nd or 3rd track choice if others are not available.

***All campers attending WACK must be registered online. Registration will close on 7/14/24.**

SPONSOR SIGN UP

We will also be using an online form for sponsor registration and t-shirt orders. To register the adult and youth sponsors who are coming to WACK with your church, follow this link: <https://tinyurl.com/wack24> and then click on "WACK 2024 Sponsor Registration".

We are so thankful for every sponsor and would like to assign each one a specific place to serve again this year to help WACK run as smoothly as possible. Please indicate each sponsor's preferred place of service along with specific requests on the online form.

Sponsor service opportunities include:

- **Assistant Track Leader** - work with a track leader to provide support in any way.
- **Rehearsal Monitor** - sit among the children during rehearsal to encourage attentiveness.
- **Rotation Guide** - help a group of children move from room to room during rotations.
- **Already enlisted member of WACK Staff** - (track leader, teacher, committee member)
- **No preference** - willing to be assigned to serve where needed most.

***All adult & youth sponsors must be registered online. Registration will close on 7/14/24.**

CHURCH FORMS - Each church will need to bring the following attached forms to WACK:

2024 Camper Registration Form: You must have a signed copy of this form for each camper. *All Campers and sponsors attending WACK must be registered in order to be covered by insurance. **Alphabetized Camper Registration Forms should be kept by each church.***

2024 Church Registration Form: Bring this form with your final numbers and form of digital payment to the registration desk at 9:00 am on July 22. *There is a place on the form to deduct the cost of any WACK staff (track leaders, teachers, committee members) from your church.*

****Please note that all payments must be made using a credit card as Metro Baptist Network, OKC is no longer accepting checks.****

2024 Background Check Form: Bring this form to the registration desk at 9:00 am on July 22.

Please contact Angela Lee alee@qsb.org if you have any questions. We can't wait for WACK!

2024 Worship Arts Camp for Kids Church Registration Form

Please bring this completed form with payment to the registration desk on
Monday, July 22, 2024 at 9:00 am.

Church Name: Church City:

Church Leader: Phone Number:

(please indicate an emergency cell
phone number for your church.)

**Please note: ALL campers and sponsors attending
Worship Arts Camp for Kids must be registered.**

*******Alphabetized Health Forms should be kept by each church.*******

Children attending x \$50 = \$
 Sponsors attending x \$25 = \$

Subtract \$25 for each
Music Committee Member,
Track Leader & Elective Leader
registered with your church:

x \$25 - \$

Total Amount Due \$

**Please note that all payments must be made digitally as Metro
Baptist Network, OKC is no longer accepting checks. Thanks!**

2024 Worship Arts Camp for Kids Camper Registration Form

RELEASE & CONSENT EMERGENCY MEDICAL OR DENTAL CARE TO MINOR

Name of Camper: Date of Birth: T-Shirt Size:

Address: Phone: Grade Completed:

City: State: Zip:

Emergency Contact: Relationship: Cell Phone: Work Phone:

Secondary Emergency Contact: Phone:

1. Does above named person have any known allergies or unable to take any medication? Yes No

If yes, please specify:

2. Does above named person presently take any medications regularly? Yes No

If yes, list medications:

Reasons for medications:

3. List any other medical condition(s):

4. Date of last tetanus immunization:

The above named person has current medical insurance coverage through:

Insurance Company: Name on Insurance Policy:

Insurance Company Phone Number: Policy Number:

Does your insurance require notification prior to emergency health care at a hospital? Yes No

If yes, list phone number:

By typing name below, parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of the Release and Consent, and (c) has signed this document by his/her own free will. Parent acknowledges that Minor will, with Parent(s) permission, participate in certain activities conducted by or sponsored by Metro Baptist Network OKC, churches participating in WACK, their Directors, Officers, employees, and agents during the duration of this agreement and grants permission for photos or videos to be taken and used for promotion. Parent, individually and on behalf of Minor, releases and agrees to hold Ministry harmless from all liability for harm to Minor or Minor(s) personal property, resulting directly or indirectly from Minor(s) participation in Ministry activities. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor(s) participation in Ministry activities and agrees to indemnify Ministry against any liability which might be assessed against it as a direct or indirect result of Minor(s) participation in Ministry activities. In the event of Minor(s) injury during any Ministry activity and Parent(s) unavailability to authorize medical treatment, parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic, anesthesia, by any medical professional chosen by the Ministry. Parent understands and agrees that this consent is given to encourage the Ministry and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Parent personally assumes the duty of payment of any medical professional, hospital, clinic, or ambulance service and releases Ministry from any such duty of payment. This medical authorization is provided pursuant to Title 10, section 170.1 of the Oklahoma Statutes.

Parent Signature (type name): Date:

Please indicate your 1st, 2nd and 3rd choices for track assignment below.

Banners	Cartooning	Fabric Arts	Flag Corps	Legos	Handbells	Percussion	Photography	Set Design	Sign Language	Stomp	Song Writing	Ukulele	Woodworking
<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 note: Students enrolled in Stomp need to bring a pair of drumsticks. Students enrolled in Photography need to bring a digital camera.

Background Check Statement of Compliance:

This form is to be turned in upon arrival at registration.

The volunteering Adult Sponsors named below are known to the staff or recognized leadership of the participating church and the church knows of no reason why any should not serve as a sponsor for children and youth under the age of eighteen (18). The participating church warrants that it has used _____ to perform nationwide
(NAME OF COMPANY)

criminal background checks that include a check of the National Registry of Sex Offenders on all Adult Sponsors. The participating church warrants it has run these checks within the last 18 months (from date of camp) and further verifies that it has brought no Adult Sponsor not listed on this form.

Names of all Adult Sponsors:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Church Name: _____ Phone #: _____

Address: _____ City: _____ ST: _____ Zip: _____

Lead Sponsor Signature Name

Printed Date