



Mega Camp 2012 Registration

Priority Registration Deadline May 7, 2012 - \$390

Mail to: Renee Blinn, 1301 W 24th St Apt C9, Lawrence, KS 66046

(Payment due on Registration. Make checks payable to "Episcopal Diocese of Kansas")

*Payment/Registration received after May 7, will be required to pay \$15 late fee

*No refunds will be given due to cancellation after May 21

| | |
|---|---|
| Full Name (please print) | |
| Name you would like to appear on name tag | |
| Male/Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth | |
| Age | |
| Grade in school (2011/12) | |

| | |
|-----------------------|--|
| Address | |
| City, State, Zip code | |
| Youth Cell Phone # | |
| Parish / Church | |
| Youth Email Address | |
| Parent Email Address | |
| Camper lives with: | <input type="checkbox"/> Parents <input type="checkbox"/> Father/Guardian <input type="checkbox"/> Mother/Guardian <input type="checkbox"/> Other: |

| Emergency Contact | Name (Please print) | Daytime Phone # | Evening Phone # | Cell Phone # |
|-------------------------------------|---------------------|-----------------|-----------------|--------------|
| Father/ Guardian | | | | |
| Mother/Guardian | | | | |
| Emergency Contact/ Relationship? | | | | |

| |
|---|
| T-shirt Size (check one) Child: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL |
|---|

| |
|---|
| OFFICE USE ONLY Amount Enclosed \$ _____ Cash \$ _____ Check / MO # _____ Balance Due \$ _____ Payer _____ Scholarship \$ _____ Scholarship Payer _____ |
|---|

***Scholarship Assistance is available. Contact Fybyy6@episcopal-ks.org for further details.**



Mega Camp 2012 Health Information

| | |
|--|--------------------|
| Camper Name | |
| Family Physician | |
| Physician Phone daytime / after hours | |
| Insurance Company | |
| Name of Person on Policy | |
| Policy # | |
| Employer | |
| Pre-approval required for treatment? | _____ Yes _____ No |

****Please include photocopy of insurance card - REQUIRED**

| Emergency Contact | Name (Please print) | Daytime Phone # | Evening Phone # | Cell Phone # |
|--|------------------------|--------------------|--------------------|--------------|
| Father/ Guardian | | | | |
| Mother/Guardian | | | | |
| Emergency Contact/ Relationship? | | | | |

| Medications to be administered | Dosage | Times |
|--------------------------------|--------|-------|
| | | |
| | | |
| | | |

*** Please provide ORIGINAL prescription bottle with dosage information or smaller “school bottle” provided by pharmacist. PLEASE DO NOT send prescription medication in unmarked containers such as plastic bags or day of the week dispensers.**

Mega Camp 2012 Health Information (con't.)

| | |
|---|--|
| Special Medical Concerns (that might limit participation or be important in an emergency) | |
| Chronic/Recurrent Illness | <input type="checkbox"/> Ear infections <input type="checkbox"/> rheumatic fever <input type="checkbox"/> convulsions/seizures <input type="checkbox"/> diabetes <input type="checkbox"/> asthma <input type="checkbox"/> Nosebleeds <input type="checkbox"/> bed wetting <input type="checkbox"/> epilepsy |
| Allergies | <input type="checkbox"/> Hay fever <input type="checkbox"/> poison ivy <input type="checkbox"/> insect stings: <input type="checkbox"/> Penicillin <input type="checkbox"/> Other Medication <input type="checkbox"/> food: |
| Dietary Restrictions | |
| Vegetarian | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Participant's Blood Type | |
| Last Tetanus Immunization | |
| Operations or serious injuries (include date) | |
| Female Campers | Has she begun having periods? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, does she know about menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No If she has begun, are there any problems such as painful or heavy periods? |
| Additional Comments/Info (Use separate sheet if necessary) | |

Parent/Guardian Statement And Consent for treatment

I agree that I will not allow my child to attend camp if he/she becomes exposed to any contagious disease or, if for any reason, I do not consider him/her in good physical condition at the time of camp. In the case of accident or illness, I give permission for emergency treatment to be provided by the physician and/or health care facility determined by the persons responsible for the safety and welfare of the campers at the Episcopal Summer Camp program as well as those designated by Camp Wood YMCA.

Liability release

In consideration of allowing my/our child to attend and participate in Diocese of Kansas Summer Camp I/we on behalf or myself/ourselves and on behalf of said child do hereby release and discharge the Episcopal Diocese of Kansas, its Council of Trustees, officers, ministers, staff, employees and agents and anyone else connected with said organization and Camp Wood YMCA against any loss, expense or judgment said organization or he/she may suffer or incur as a result of any claim or action that may be made or brought by or on behalf of my/our child in connection with or arising out of or suffered during his/her participation in said camp program.

Parent/Guardian Signature _____ Date _____

Permission to receive OTC medications: I give my permission for the nurse at Camp Wood to give my child over the counter medications, such as aspirin, ibuprofen, etc.

Parent/Guardian Signature _____ Date _____

Please complete this form, then print it, sign it and mail it to the address on page 1.



Mega Camp 2012

Community Expectations & Covenant

In order to live out our mission statement, all participants agree to actively participate in all parts of the event and to abide by the standards of the community, which are as follows:

1. I will respect and follow the rules for Diocese of KS Summer Camp at Camp Wood YMCA.
2. I will respect the property of others, and the property of Camp Wood YMCA.
3. I will be an active participant in scheduled activities.
4. I will wear appropriate clothing. (*Female campers are asked to bring a one-piece swimsuit and male campers are asked not to wear brief-style swimsuits.)
5. I will hand in all prescription medication to the event nurse.
6. I will not enter the sleeping areas of the opposite sex.
7. I will not engage in sexual activity.
8. I will not use alcohol, illegal drugs, or tobacco.
9. I will not bring anything that could be considered a weapon.
10. If I drive to the event, I will not drive my car during the week, and I will not go to my car without permission from an adult staff member.

These Standards apply to all adult and youth participants.

By signing below I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am planning to attend, I understand that there will be consequences, which may include my being sent home.

Participant Signature: _____ **Date:** _____

As parent and/or legal guardian of this child I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules. I also understand that if my child fails to meet these expectations, I will be contacted and asked to bring my child home from the event.

Parent Signature: _____ **Date:** _____

Photo/Video Publicity Release Statement

I agree to grant the Episcopal Diocese of Kansas permission to record on film, videotape, or audiotape, my child's participation in Mega Camp 2012. I further agree that any or all of the material recorded may be used, in any form, as part of any future production(s) made by the Diocese of Kansas Youth Program, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

Parent Signature _____ **Date** _____

Please complete this form, then print it, sign it and mail it to the address on page 1.

Equine (Horseback Riding) Activity Waiver/Release

I, _____, acknowledge that Camp Wood YMCA is sponsoring equine activities (riding or otherwise handling horses whether from the ground or mounted), at Camp Wood YMCA in which I wish to participate. I recognize and acknowledge that my participation in such activities and any other activities which may include equine activities, involves the possibility of inherent risks including, but not limited to, the following:

- The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- The unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failure to act within the ability of the participant.

WARNING

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risk of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in the domestic animal activity.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby consent to my involvement in the above described activities and waive any and all claims for tort or civil actions of any kind which the participant, I or my heirs, personal representatives and next of kin may have or which may arise against Camp Wood YMCA as a result of the participant’s involvement in such equine activities. On behalf of myself, my heirs, personal representatives and next of kin, I hereby release and discharge Camp Wood YMCA, its successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from, the participant’s involvement in such equine activities.

I understand this Waiver and Release shall be valid for one year from the date below my signature.

I HEREBY DECLARE THAT THE TERMS OF THIS WAIVER AND RELEASE HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD AND ARE VOLUNTARILY ACCEPTED FOR THE PURPOSES OF MY INVOLVEMENT IN THE ACTIVITIES DESCRIBED HEREIN.

ALPINE TOWER/LOW ROPES PARTICIPATION AGREEMENT

I understand that my participation in programs offered by the Alpine Tower or Low Ropes Challenge Course(s) at Camp Wood YMCA is based on the “Challenge by Choice” philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that **my participation is purely voluntary**. At all times I will choose my level of participation in any activity. I understand the employees of Camp Wood YMCA have received training, and will work to protect the emotional and physical safety of myself. I understand that climbing, high ropes courses, ground initiatives, and other activities in the Alpine Tower or Low Ropes Challenge Program(s) for which I have enrolled, entails certain risks. I elect to participate in spite of these risks. **Therefore, for myself, I knowingly and voluntarily assume all risks involved in my participation, and on behalf of myself, my heirs, personal representatives and next of kin, I hereby release and discharge Camp Wood YMCA and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.** I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be valid for one year from the date below my signature.

I understand and am aware that I may be participating in physical activities and the potential for accidents does exist. In consideration of acceptance to Camp Wood YMCA, on behalf of myself, my heirs, personal representatives and next of kin, I hereby release and discharge Camp Wood YMCA. I indemnify and hold harmless Camp Wood and/or its staff from any and all liability, claims, damage, injury or illness sustained to myself or my child. I understand accident insurance is not provided by Camp Wood YMCA. Should I/my child require medical treatment, prescriptions, or hospital care during the camp session, parents shall bear all expenses. I agree that Camp Wood may photograph or video tape myself/my child for use in promotional materials. Finally, I give permission to share any pertinent medical information to the Camp Wood YMCA staff.

My child, _____, is allowed to participate in: Please check Horseback riding Alpine Tower

Signature of Parent/Guardian Date Age PRINTED Name of parent

Signature of Participant (required) Date Age

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