



Episcopal Diocese of Kansas Youth Ministries
Summer Camp Registration 2009

Camp Session: Please Circle

Senior High Camp (May 31-June 6) Registrations Due: May 11	Junior High Camp (June 7-13) Registrations Due: May 11	Intermediate Camp (June 14-20) Registrations Due: May 18
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Return all forms with \$285 registration fee to: 7236 Robinson St. Overland Park, KS 66204
 (Checks made payable to Episcopal Diocese of Kansas) - **Fee is \$300 after registration deadline.**

Camper's Full Name _____ Nickname _____

Male ___ Female ___ Birth Date _____ Age at camp _____ Grade (9/2009) _____

Parish (Name/City) _____

Camper's Address _____

City/State/ZIP _____

Camper's E-mail Address _____

Parent's E-Mail Address _____

Camper's Home Phone # _____

Camper lives with: ___ Parents ___ Father ___ Mother ___ Other _____

Father/Guardian _____ Daytime Phone _____
 Evening Phone _____
 Cell Phone _____

Mother/Guardian _____ Daytime Phone _____
 Evening Phone _____
 Cell Phone _____

Alternate (In case parent/guardian cannot be reached) _____
 Relationship _____
 Day Phone _____ Evening Phone _____ Cell Phone _____

T-Shirt Size: circle one **CHILD** - S M L XL **ADULT** - S M L XL XXL

Scholarships

Requests for financial assistance must be received in writing with an explanation of the financial need. Scholarships are granted on a "first come, first serve" basis. We recommend that 1/3 of the registration fee come from the parent/guardian, 1/3 from the parish, and 1/3 from the Diocese. This helps to spread our scholarship funds to more students.

OFFICE USE ONLY	
Amt. Enclosed \$	_____
Cash \$	_____
Check/MO #	_____
Balance Due \$	_____
Payor	_____
Medical Form	_____
Comm. Cov.	_____

If you know whether you are receiving a scholarship, please indicate the amount and whom it is from:
 \$ _____ From: _____



Episcopal Diocese of Kansas Youth Ministries **Community Expectations and Covenant**

Youth events and activities sponsored by the Episcopal Diocese of Kansas abide by common standards for our Community. 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 of the Diocesan Youth Program and 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.
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 may be contacted and asked to bring my child home from the event.

Parent Signature: _____ **Date:** _____

Photo/Video Publicity Release Statement

The undersigned participant does agree to grant the Episcopal Diocese of Kansas permission to record on film, videotape, or audiotape, his or her participation in Summer Camp June 3-23, 2007. He or she further agrees 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** _____



Episcopal Diocese of Kansas Youth Ministries
Health Information

Camper's Name _____

Session Attending _____

Address _____

City, State, ZIP _____ Phone _____

Parent/Legal Guardian _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Parent/Legal Guardian _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Alternative (other than Parent/Legal Guardian) _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Family Physician _____

Office Phone _____ After Hours Phone _____

Insurance Company _____ Policy No. _____

Name of Person on Policy _____ Employer _____

Is pre-approval for treatment required before treatment? _____ NO _____ YES

Does your child know how to swim? _____ NO _____ YES Level of ability _____

Is the camper able to participate in all phases of the program? _____ NO _____ YES

If NO, please specify _____

PARENT OR GUARDIAN STATEMENT: 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 above program as well as those designated by Camp Wood.

Signature _____ Date _____

Witness _____

(Over, please)

HEALTH HISTORY (check and/or give approximate dates)

Chronic or Recurrent Illness

Allergies

Immunizations (MO/Year)

Ear Infections _____

Hay Fever _____

Tetanus

Rheumatic Fever _____

Poison Ivy _____

Last Booster _____

Convulsions/Seizures _____

Insect Stings _____

Measles, Mumps, Rubella

Diabetes _____

Last Booster _____

Asthma _____

Penicillin _____

Nosebleeds _____

Other Medication _____

Bed Wetting _____

Food _____

Epilepsy _____

If camper is a female, please complete:

Has she begun having periods? _____ YES _____ NO

If NO, does she know about menstruation? _____ YES _____ NO

If she has begun, are there any problems such as painful or heavy periods? _____ YES _____ NO

Comments/explanations on any of the above: _____

Operations or serious injuries (include date): _____

Medications to be administered at camp (specify dosages): _____

Information about any physical limitations: _____

Food allergies/dietary restrictions: _____

Vegetarian: Y _____ N _____

Additional comments/information (use separate sheet if necessary): _____

If your child is on prescription medications, camp staff needs these medications in the original containers with dosage information.

OPTIONAL:

PHYSICIAN/HEALTH CARE PROVIDER STATEMENT: I have reviewed the above information and believe the child is in good health.

Signature _____ Date _____

Camp Wood YMCA Episcopal Release form

Camper's Name: _____

The following information must be filled in by a parent or guardian.

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