



**Youth and Family Ministry
2019 Summer Day Camps
June 17-21**

Camp Ubuntu

Ages 6-18*

9:00am-5:00pm

Rainbow Kids

Ages 3-5

9:00am-12:30pm

***Overnight Lock-in Friday June 21 Ages 10-18 (*high school)**

***Before/after care can be arranged**

***Children must be potty trained**

Camper's Name: _____, prefers to be called _____

Date of Birth: _____ Age: _____ (as of June 21) Grade (in the fall): _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian/Sponsor: _____

Address (If different from camper) _____

***All camp related communication will be sent via e-mail**

Email for confirmation and camp information: _____

Cell Phone: _____ ok to text? Yes _____ No _____ Other Phone: _____

Emergency Contact Person: _____ Relationship to camper: _____

Emergency Contact Phone Number(s): _____

Siblings attending camp: _____

Camper's Name _____	Birthdate _____
Primary contact & Number _____	
Secondary contact & Number _____	

AGREEMENTS AND CODE OF CONDUCT FOR CAMP UBUNTU

- I agree to have fun, listen to my friends, fellow campers and teachers, and to participate in group activities.
- I agree to respect the living environment, animate and inanimate.
- I agree to remain with the entire group and not wander off alone or in sub-groups.
- I agree to respect the privacy and property of others.
- I agree to actively listen to others while they are talking.
- I agree to notice when someone is not feeling well. I can ask if they want me to help and I will get an adult to help as well.
- I agree to learn at least one new thing each day, and go beyond my perceived limitations.
- I agree to conform to the rules set by my group leader, Youth and Family Ministry Director (Jessica) and Youth and Family Ministry Practitioner (Betty)
- I agree to refrain from using personal electronic devices during camp hours, including cell phones, video games, Ipods, Ipads, computers.

I understand and agree to abide by these agreements while I am a participant at Camp Ubuntu.

Signature of Camper

Printed Name of Camper

Date

I have read these with my child and will cooperate in seeing that they understand and live up to these agreements.

Parent/Guardian Signature: _____

** You are encouraged to discuss the same with your Rainbow Kid campers in language that they can understand. They are not required to sign, but they may if they would like to.

Camper's Name _____ Birthdate _____
Primary contact & Number _____
Secondary contact & Number _____

HEALTHCARE RELEASE and MEDICAL BACKGROUND:

This form is confidential and only seen by the Directors, small group leader or medical staff.

Please indicate whether this youth has experienced any of the following. **For "yes" answers, please use space below to provide additional information for the leader and medical personnel if needed.**

"YES" answers will not automatically exclude your child from participating in an activity. Your complete answers create the best experience for your child and the group.

- Severe allergic reactions (please circle and list details): *Plants *Drugs *Foods *Insect/Animal _____
- Recent operations or serious injuries: _____
- Chronic or re-occurring illness or condition: _____
- Any specific activities to be restricted? _____
- Diabetes: _____
- Seizures/Convulsion: _____
- Behavior/Anxiety: _____
- Has a behavior plan and/or is under the care of a behavior therapist: _____
- Any additional information that you think would be helpful to your camper's experience (e.g., has been in counseling, recent domestic changes, etc.)

- Up to date tetanus shots? _____

MEDICATIONS: List all medications and dosage instructions:

*** Note: All medicine must be in original containers, bagged and identified with complete dispensing instructions. All medicines (including over-the-counter medication) must be turned in to the leader or designated staff member. It will be kept in a locked place during camp.

I give permission for the person in charge to seek medical services if needed. If you have HMO, please state requirements of that policy on back in order for person in charge to seek medical help:

Family Physician Name: _____ Phone: _____

Insurance Policy Holder Name: _____

Policy # and company: _____

Camper's Name _____	Birthdate _____
Primary contact & Number _____	
Secondary contact & Number _____	

RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

With this signed agreement I (we) absolve the staff, volunteers, and Center for Spiritual Living of Kansas City of any responsibility for the safety, welfare, health, and well-being of the above named child, beyond such matters as may be called reasonable care for children in the custody of staff/volunteers and subject to staff's/volunteer's clear instructions. I (we) assume personally and exclusively all responsibility and liability for accident, injury, etc. which may occur to the above named child during the time of the camp activities as set forth at the beginning of the paragraph.

YOUTH PARTICIPATION CONSENT

Acknowledgment of Participant: I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the Code of Conduct, the instructions or directions of the persons in charge of the Youth and Family Ministry or event, and to obey requests to comply with safety regulations as directed by the persons in charge of the Youth and Family Ministry or event, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Youth and Family Ministry activities. At all Youth and Family Ministry camps, events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the Youth and Family Ministry or when using private or public transportation for travel to and from such activities.

DISCIPLINARY AGREEMENT

I/we understand that, while the below-named child participates in any activities or special events he/she/they are responsible to abide by the rules set forth by the sponsoring ministry, its leader and supervisory personnel. Any serious infraction of rules and/or conduct by the child can result in dismissal from the program. In the event your child is dismissed from the program, I/we the undersigned, agree to assume the cost of returning the child to their home. We also agree to forfeit any possible refund.

ACKNOWLEDGMENT OF PARENT OR GUARDIAN OF PARTICIPANT

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Youth and Family Ministry, including any use of private or public transportation deemed necessary by the persons in charge of the Youth and Family Ministry or event for Participant travel to and from Youth and Family Ministry activities.

MEDICAL AND TRANSPORTATION CONSENT AND RELEASE

The health history contained in this registration packet is accurate so far as I know and the person herein described has permission to engage in all prescribed event activities except as noted above by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for and to order injection, anesthesia, x-ray examination, blood transfusion, laboratory procedures, setting for broken bones and/or surgery for my child as named below.

The undersigned (parent or parents, or court appointed guardian of the Child named below) hereby consent to the performance and rendition of all emergency medical treatment and services and all other medical treatment and services directed by, preformed by, or rendered by any person licensed to practice medicine or directed by, performed by or rendered by other qualified medical personnel during such Child's attendance at and travel to and from any activities conducted or sponsored by or connected in any way with Centers for Spiritual Living and/or, if applicable, the Member Church designated below. Without limiting the generality of the foregoing, the terms medical treatment and services include the administration or performance of x-ray examination, injections, blood transfusions, laboratory procedures, anesthesia, setting of broken bones and surgical procedures.

The undersigned hereby indemnify and agree to hold centers for Spiritual Living, and if applicable, the Member Church designated below and their agents and employees, free and harmless against all damages, losses, costs or expenses resulting from or arising out of any claims, demands or causes of action that may arise out of or result from any such medical treatment or services.

Camper's Name _____	Birthdate _____
Primary contact & Number _____	
Secondary contact & Number _____	

PHOTOGRAPHY CONSENT FORM/RELEASE

I, (print name) _____, hereby grant permission to CSLKC and its representatives to take and use: photographs and/or digital images of me/or my child for use at CSLKC activities, in news releases, Facebook and Instagram pages related to CSLKC and Youth and Family Ministries, PowerPoint slide presentations, and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of CSLKC representatives. I also understand that the participant may be photographed or appear in video for such purposes as CSLKC deems necessary.

ACKNOWLEDGMENT AND SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that this is binding upon myself and my heirs, executors, administrators, successors and assigns. I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT AND I ACKNOWLEDGE THAT by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

Signature of Camper

Date

Printed Name of Camper

Legal Parents/Guardians(s) married to each other: Only one signature is necessary.

Signature of Parent or Guardian

Date

Printed Name and Relationship
To Camper

Legal Parents/Guardian(s) NOT married to each other: Signatures of BOTH are needed. Second signature may be submitted separately, however, registration will not be complete until second signature is received.

Signature of Parent or Guardian

Date

Printed Name and Relationship
To Camper

Signature of Parent or Guardian

Date

Printed Name and Relationship
To Camper

If the second signature cannot be obtained please explain.

Return Completed Form to CSLKC Youth and Family Ministry, Jessica Royer, Director. 816-853-4994



CENTER FOR
**SPiritual
LIVING**

2019 Youth and Family Ministry Day Camps

June 17-21

Camp Ubuntu

Ages 6-18

Rainbow Kids

Ages 3-5

Family Fee and Payment

Registration:

Ubuntu: \$175 for first camper, \$150 for second camper and \$125 for third/+ camper(s) in the same family.

Rainbow Kids: \$75

*Full payment by is due by May 26, 2019.

*Registration closes May 26, 2019.

*If your child is unable to attend camp, please notify the Director as soon as possible, and at least 24 hours before the first day of camp. A full refund minus a \$25 administrative fee, will be provided.

*No refunds will be provided for early withdraw from camp.

1st Camper: Name _____ Date of Birth _____ Age _____

2nd Camper: Name _____ Date of Birth _____ Age _____

3rd Camper: Name _____ Date of Birth _____ Age _____

4th Camper: Name _____ Date of Birth _____ Age _____

5th Camper: Name _____ Date of Birth _____ Age _____

Parent/Guardian/Sponsor: _____

Address: _____ Phone: _____

Email: _____

Payment Information- Please make checks payable to *Center for Spiritual Living Kansas City*

Amount Paid _____ Cash _____ Check # _____ Kiosk Payment _____

Scholarship application submitted _____