

Youth Activities Policies

PARENTS & CAMPER:

Please read the following policies and guidelines; sign below.

▪ **Every camper must have their fees, forms, and parental signatures.**

Every camper must have their registration forms completed with all signatures, a copy of insurance card and fees paid before they attend camp.

▪ **We have a CLOSED CAMP policy.**

A "Closed Camp" means staff and campers must remain at the activity or camp site for the duration of the camp. **No visitors are allowed.** Frequent coming and going is very disruptive to community building and the spiritual commitment of the camp. Therefore, a camper's attendance is very important. Our activities are designed for personal and spiritual growth. Exceptions are made only with prior agreement with the camper's Mission Center Youth Minister or in extreme circumstances, such as medical and family emergencies. For ethical and legal reasons, any camper leaving camp is asked to notify their Mission Center Youth Minister. If students drive themselves to an activity, their keys will be held during the activity by the Camp Director or designated staff.

▪ **NO Alcohol, tobacco, and drug use is allowed.**

Without exception, all medications are to be given to the camp nurse or designated staff for dispensing and safekeeping. Some medications may be approved by the camp nursing staff for the camper to keep with them.

NO possession or use of firearms, fireworks, or explosives is allowed.

NO sexual activity is allowed.

A policy of sexual abstinence will be enforced. All campers and staff are called to be aware of other's personal space and comfort while at camp. If you are unsure of someone's comfort level, then ask.

▪ **All are expected to exercise control of language.**

Do NOT put down, make fun of, or speak to another person in any inappropriate way. Swearing, ridicule, and sexual innuendo disrupts the Christian environment of camp. Concern for others is crucial for spiritual growth. Language can be expressive and prophetic or devastating and hurtful. We ask all to speak in a positive and peaceful manner.

▪ **Be aware of what you wear.**

Please leave inappropriate clothes at home. This means no revealing clothes. Clothes that have alcohol or cigarette ads or harsh words on them need to stay at home. NO bikinis, speedos, or sagging shorts are allowed. You will be asked to change clothes or pull them up if necessary.

▪ **Personal electronics—CELL PHONES are to be turned in at registration, no exceptions.** Cell phones are a huge distraction at camp and if not turned in will be confiscated until the end of camp. Camp is a time to step away from the world, and the use of these devices does not allow this to happen. Arrangements can be made if parents must be in contact with their campers. **PLEASE LEAVE ALL ELECTRONIC DEVICES AT HOME.** (such as ipods, cd players, game boys, etc.) .

▪ **Campers are responsible for their valuables.**

We discourage campers from bringing valuables, such as large sums of money or expensive jewelry to camp.

▪ **Who Campers can leave with.**

No camper will be released to; allowed to leave the camp with; or picked up from the bus by; any person other than parents, custodial parent, or legal guardian unless parents make arrangements with their Mission Center Youth Minister before camp. This includes siblings, relatives and friends.

I, the undersigned, have read and consent to the policies specified on this form.

Participant

Date

Parent/Legal Guardian

Date

Community of Christ Event Release

Far West Mission Center

Nurse use only:		
Head	_____	
Feet	_____	
Temp	_____	
Meds	Y	N

Children's Camp Junior Camp Jr. High Camp Sr. High Camp

GENERAL INFORMATION—PLEASE PRINT

Name _____ Age _____ Grade Completed _____ Gender (circle one): M F
 Birthdate _____ Phone Number () _____ E-mail _____
 Address _____ City/State _____
 Zip/Postal Code _____ Roommate Preference _____
 Religious Affiliation _____ Home Church _____
 Name of Parents, Custodial Parent, or Legal Guardian* _____
 Work Phone _____ E-mail _____
 Additional Parent, Legal Guardian, or Next of Kin* _____
 Home Phone _____ Work Phone _____ E-mail _____
 Persons allowed to pick up child from event* _____

*Applies only to those under 21 years of age.

T-shirt Size (circle one) Adult: S M L XL 2XL 3XL **Child:** S M L XL

Emergency Notification

Name _____ Relationship _____ Phone () _____
 Address (if different than above) _____
 City/State/Zip code _____

Name _____ Relationship _____ Phone () _____
 Address _____
 City/State/Zip code _____

Medical Information

Circle one
 Y N Allergy to foods, medications (if yes, so state) _____
 Y N Is applicant currently under a physician's care for any acute or chronic medical condition?
 If yes, please explain. _____
 Y N Does applicant carry *non-prescription* medication on their person?
 If yes, medication(s) and purpose _____
 Y N Does applicant require *prescription* medications?
 If yes, medication(s) and purpose _____

Physician _____ Phone () _____
 Office Address _____
 Hospital/Clinic of Choice (if applicable) _____

Health Insurance Provider _____ Phone () _____
 Policy Holder's Name _____
 Address (if different than above) _____

Group Number _____ Policy Number _____
 Other Information _____

Please attach a copy of both sides of your insurance card.

Health Information

Has applicant ever had any of the following? (Please check if yes and provide month and year of latest occurrence.)

- anemia _____ appendicitis _____ asthma _____ bronchitis _____
 chicken pox _____ diabetes _____ epilepsy _____ frequent colds _____
 Fractures (describe) _____ heart trouble _____ heart murmur _____
 HIV _____ hepatitis _____ kidney trouble _____ measles _____
 mumps _____ pneumonia _____ rheumatic fever _____ scarlet fever _____
 sinusitis _____ sore throats _____ tuberculosis _____ whooping cough _____
 other _____

Please list applicant's major operations or serious injuries (describe and give dates): _____

Please list applicant's immunization dates for the following (or attach a copy of health card):

- DPT _____ booster diphtheria _____ booster tetanus _____ smallpox _____
typhoid _____ tuberculin _____ measles _____ mumps _____
polio vaccine _____ other _____

What contagious disease(s) has the applicant been exposed to recently? _____

Please check any of the following conditions that apply to the applicant:

- vision problems hearing problems hernia fainting diarrhea
 constipation sleep-walking bed-wetting

recent emotional upset — death of loved one, divorce of parents, please explain: _____

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicant's experience at event: _____

Permission for Medical Treatment

I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/ myself. I also guarantee payment of all charges incurred during this medical treatment.

Parent/Guardian Signature/Applicant** _____ Date _____

Photo Release

In consideration of the right of the applicant to participate in this event, I give consent to and authorize the taking of photographs or videos in which the applicant may appear. I waive all right of privacy in and to any said photographs or videos.

Parent/Guardian Signature/Applicant** _____ Date _____

Activity Consent

I specifically consent to the applicants's participation in this event. I certify that the applicant has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). I specifically do NOT want the applicant to participate in the following activities: _____

Parent/Guardian Signature/Applicant** _____ Date _____

Liability Release

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Far West Mission Center, Community of Christ, for participation in this event, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge, and agree to hold harmless the camp and the Community of Christ, and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and on behalf of my child-participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Both parents must sign unless parents are separated or divorced, in which case custodial parent must sign.

**Only applicant must sign if 21 years of age or older.

Parent/Guardian Signature/Applicant** _____ Date _____

Parent/Guardian Signature/Applicant** _____ Date _____