

FOR OFFICE USE ONLY

Postmark _____
 Amount Paid \$ _____
 Check # _____
 Amount Due \$ _____
 Fruit of Spirit _____
 AIM Participant _____

 Processed (initial) _____

 No Show _____ Walk-On _____

For security purposes, please staple a photo of the camper.



2019 CAMPER APPLICATION

CHECK:

- | | |
|--|---|
| <input type="checkbox"/> High School Camp 1 (June 3-7)
<i>Grades 9-12</i> | <input type="checkbox"/> High School Camp 2 (June 10-14)
<i>Grades 9-12</i> |
| <input type="checkbox"/> Middle School Camp (June 17-21)
<i>Grades 6-8</i> | <input type="checkbox"/> Kids Camp 1 (June 23-26) <i>Grades 3 (entering) - 5 (completed)</i> |
| | <input type="checkbox"/> Kids Camp 2 (June 26-29) <i>Grades 3 (entering) - 5 (completed)</i> |

PARTICIPANT INFORMATION:

Print clearly - form must be completed and signed by all parties, otherwise applications will not be processed.

Name _____ Male/Female ____ Birth Date ____ / ____ / ____ Age ____ Grade (completed) _____
 Address _____ City _____ State _____ Zip _____ Phone ____ - ____ - ____
 Father's Name _____ Phone (Home) ____ - ____ - ____ (Work/Cell) ____ - ____ - ____
 Mother's Name _____ Phone (Home) ____ - ____ - ____ (Work/Cell) ____ - ____ - ____
 Church Attending With _____ Church City _____

EMERGENCY CONTACT INFO:

Used only in case of emergency if parent is not available.

Emergency Contact _____
 Relationship to Participant _____
 Daytime Phone: _____
 Cell Phone: _____

DEPOSIT:

Camp fees include lodging, meals, recreation, and t-shirt.

A non-refundable deposit of \$30 is needed. Make checks payable to your local church.

Total Amount Enclosed \$ _____

COST & DEADLINES:

- HS & MS:** Early Registration cost is **\$230** if postmarked by May 6.
After this date, the cost is \$250.
- Kids Camps:** Early Registration cost is **\$180** if postmarked by May 20.
After this date, the cost is \$200.

KYM AIM DISCOUNT (IF APPLICABLE, CHECK HERE):

- KYM AIM Participant:** Early Registration cost is **\$200.** *(2019 Trip Only)*
After early registration deadlines, the cost is \$220.

2019 CAMPER APPLICATION

HS1 HS2 MS KC1 KC2

WHAT TO BRING

- Bible
- Pencil/Pen & Notebook
- STL Offering
- All Toiletry Items
- Twin Bedding
- Clothing for Evening Services
- Recreational Clothing for Water & Mud Sports
- Flashlight & Camera (*optional*)
- Spending Money
- One Piece Swimsuit w/ Cover-Up

ABSOLUTELY DO NOT BRING

- Tight Fitting Clothing
- Short Shorts/Mini-Skirts
- Backless/Strapless/Spaghetti Strap Tops
- Tight Yoga Pants
- Fireworks/Weapons/Alcohol/Tobacco/Drugs
- Electronic Equipment./iPods/iPads/Kindles/Laptops
- Improper Reading Material
- Pets

CAMP GUIDELINES:

- These minimum rules are given as a guideline for all Participants, coaches, and staff. They will be enforced with love. All camp staff members are instructed to use their authority wisely.
- No one is to leave the campgrounds without permission from the KYM Camp Staff.
- All cars will be parked on Monday and left until time of departure on the last date.
- Everyone will observe the daily schedule. Attendance at all camp activities is required.
- Everyone must be in bed and quiet at lights out unless praying in the Tabernacle. Sneaking out of the cabin will not be considered a game.
- Everyone will conduct themselves courteously and with respect for others.
- Couples and/or mixed groups shall conduct themselves in a manner pleasing to God at all times.
- Observe habits of personal cleanliness: take a shower every day!
- Observe habits of group cleanliness: keep your cabin and campground clean!
- Everyone must dress modestly and appropriately at all times. If a Participant’s clothing is deemed inappropriate, they will be asked to change.
- Semi-dress clothes should be worn to each evening service (pants or jeans, casual skirts, no shorts).
- Shorts may be worn during the day but must be of modest length. NO tight yoga pants, spaghetti straps/backless/strapless tops or mini-skirts! A one-piece swimsuit or dark t-shirt/cover-up worn over a two-piece suit is a must for the girls. Any cut-off type shirt must be worn with an undershirt.
- Fireworks, firearms, knives or weapons, alcohol, tobacco products, and drugs are prohibited. Possession of any of these items will result in immediate dismissal from the camp. Paintball guns must be checked into the camp office.
- iPods and other electronic equipment are prohibited. If caught with them, they will be confiscated and not returned until the end of camp.
- The use of cell phones is prohibited. Please use only when traveling to and from the campground. If caught with them during camp, they will be confiscated and not returned until the end of the week of camp.
- FRIDAY PHONE DAY!
- Label all belongings. Participants are responsible for personal items. KYM is not responsible for lost/stolen items.

Parents – please review these guidelines with participants. Lack of cooperation, unnecessary roughness, lack of respect for property, unlawful activity or an unwholesome attitude on the part of any Participant will result in expulsion from camp.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARTICIPANT AGREEMENT:

I promise to meet the camp standards of conduct as outlined in the attached camp guidelines. My signature below is my agreement to comply.

Signature of Participant Required

Date

PLEASE PRINT

PARTICIPANT'S LAST NAME: _____ FIRST NAME: _____ BIRTHDATE: _____

MOTHER/GUARDIAN NAME _____ FATHER/GUARDIAN NAME _____

AGREEMENT FOR CONSENT; RELEASE AND ASSUMPTION OF RISK; AND PHOTOGRAPH & VIDEO RELEASE

The undersigned understand that we are being asked to read each of the following paragraphs carefully. We understand that if we wish to discuss any of the terms contained in this agreement, we may contact the AGK Ministries Director, Darin Stroud, 316-945-8999.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

CONSENT & AGREEMENT [Parent or Guardian, and/or Participant if 18 or over, please fill out as completely as possible.]

In consideration of Participant's participation in the activities listed below on the date and at location above (herein the "Activity"): We, being the parents or legal guardians of the Participant named above (the "Parents"), or Participant (if 18 or older) do hereby consent to the participation of the Participant in the activities of the Wheat State Camp. Activities include, but not limited to outdoor activities in which participants may be subject to hazardous plants and bites from insects, ticks, mosquitos, spiders, and snakes. Other activities include swimming (lake, beach inflatables such as blob, slip 'n' slide, water slide), canoeing, paddleboats (with the exception of swimming, life jackets are required for all participants) which may involve water and mud, team games such as basketball, volleyball, soccer, knocker ball and others, recreational games (relay race style, tug-of-war, etc.), rock wall climbing, zip-lines and paintball (safety mask included). All participants are required to take a swim test. We hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, we certify that Participant is physically able and adequately trained to participate in such events, specifically swimming. We hereby understand and acknowledge the physical rigors associated with the above-referenced activities and/or use of such equipment and understand that participation involves risks and dangers which include, without limitation, serious bodily injury, permanent disability, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack or death, inaccessibility of medical care, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of Wheat State Camp, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "Risks"). We understand these Risks may be caused in whole or in part by Participant's own actions or inactions, the actions or inactions of others participating in the activities, and knowing such, We hereby expressly authorize and give permission for Participant to participate in any and all of the above-referenced activities.

We **DO NOT AUTHORIZE** our child/Participant to participate in any of the following activities: _____

We also hereby give permission to the camp staff to inspect the contents of any or all of Participant's personal belongings, and to withhold any unapproved contents. I understand that if Participant misbehaves and violates the camp rules, Participant may be expelled from Camp and we may be called to pick him/her up.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, WE THE UNDERSIGNED PARENTS AND/OR PARTICIPANT (IF 18 OR OVER) AGREE TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING PARTICIPANT'S PARTICIPATION IN THE ACTIVITY. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE THE UNDERSIGNED (INDIVIDUALLY, JOINTLY AND FOR THE PARTICIPANT) RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY AGK MINISTRY NETWORK AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I/WE MAY SUFFER, OR FOR WHICH I/WE MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITY (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON THE UNDERSIGNED'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

We hereby warrant that we have read this Agreement carefully, understand its terms and conditions, and acknowledge that we are giving up substantial legal rights by signing it. We acknowledge we have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/WE further state that **WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS AGREEMENT AS OUR OWN FREE ACT.**

We understand and agree that no oral or written representations can or will alter the contents of this document. We agree that this agreement shall be governed by the laws of the State of Kansas, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

A photocopy or facsimile of this consent and release shall be as valid as the original.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

PHOTOGRAPH & VIDEO RELEASE

The undersigned Parents and/or Participant (if 18 or over) hereby grant Wheat State Camp and AGK Ministry Network permission to the rights of Participant's image, likeness and sound of Participant's voice as recorded on audio or video tape without payment or any other consideration. We understand that Participant's image may be edited, copied, exhibited, published or distributed and we hereby waive the right to inspect or approve the finished product wherein Participant's likeness appears. Additionally, we waive any right to royalties or other compensation arising or related to the use of Participant's image or recording. We agree that Wheat State Camp and AGK Ministry Network may use such images of Participant with or without Participant's name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and web content. We understand there is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be used and/or distributed. The undersigned and each of us acknowledge that we have completely read and fully understand this release and agree to be bound thereby. It is our express intention to defend, indemnify and hold harmless Wheat State Camp and AGK Ministry Network from any and all claims arising out of, or resulting from, or in any manner relating to Wheat State Camp and AGK Ministry Network's use of Participant's image, likeness and sound. **A photocopy or facsimile of this authorization shall be as valid as the original.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

HS1 HS2 MS KC1 KC2

2019 CAMPER PARTICIPANT HEALTH HISTORY FORM AND AUTHORIZATION:

PLEASE PRINT

PARTICIPANT'S LAST NAME _____ FIRST NAME _____ BIRTHDATE _____

MOTHER/GUARDIAN NAME _____ FATHER/GUARDIAN NAME _____

EMERGENCY CONTACT PHONE NUMBER _____

FAMILY PHYSICIAN

NAME _____

PHONE _____

<p>INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No Is participant covered by insurance? Camp insurance is accident-only coverage and is secondary to personal insurance. INSURANCE CO. _____ GROUP # _____ SUBSCRIBER # _____</p>

HEALTH HISTORY

Please check YES or NO to the following lead questions—if the response is YES you will have below to add more detail.

Does Participant have **CHRONIC HEALTH ISSUES** Yes No

Is Participant taking any form of **MEDICATION** for any reason? Yes No

Does Participant have **DIET RESTRICTIONS** Yes No

Does Participant have **ACTIVITY RESTRICTIONS** Yes No

Date of Last Tetanus _____

Are Participant's immunizations current? Yes No

Does the Participant sleep walk? Yes No

Can the Participant swim? Yes No

Does Participant have any of the health conditions on the chart below? Check all that apply.

CONDITION	YES	NO	CONDITION	YES	NO
1 Asthma			Inhaler? Yes No		
2 Diabetes			7 Bleeding		
3 Epilepsy/Seizures			8 Bee Sting Allergy		Epi Pen? Yes No
4 Heart Condition			9 Peanut/Nut Allergy		Epi Pen? Yes No
5 Orthopedic			10 Other Food Allergy		Epi Pen? Yes No
6 Fainting			11 Drug Allergy		Epi Pen? Yes No
			12		

Please list medications, foods, or environmental allergens that Participant is allergic to and the allergy reaction if not mentioned above: _____

Is the Participant presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No If yes, please explain: _____

Please list any and all diseases, serious illness, injuries and surgeries the Participant has or has had: _____

Does the Participant have any physical condition or illness which would prevent him/her from participating in rigorous activity? Yes No

If yes, please explain: _____

MEDICATIONS

Does the Participant require any medications to be administered? Yes No
 If yes, please list below all medications with dosage, frequency/time and reason for dispensing.

*****Any personal medications (prescription and/or over-the-counter), vitamins, herbs, and enzymes MUST have a doctor's order and be brought in the original bottle to the first aid station to be administered to Participant. All meds must be original container with pharmacy label including patient name, physician name, medication name, prescription number, date prescribed, dosage.*****

Permission is given for the following over-the-counter medications to be given to Participant as directed per age/weight:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Acetaminophen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto Bismal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Calamine Lotion
<input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antibiotic Ointment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Robitussin DM	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antacid (Tums, etc.)

MEDICATION	DOSAGE	FREQUENCY	REASON

MEDICAL TREATMENT AUTHORIZATION

We, THE PARENTS AND/OR GUARDIANS OF Participant ("Parents"), and Participant (if 18 or over) understand that the undersigned Parents will be notified in the case of a medical emergency involving the Participant. However, in the event that Parents, or either of us, cannot be reached, and/or if Participant 18 or over is unable to make decisions, we authorize the calling of a doctor and the providing of necessary medical services in the event the Participant is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of the Participant, if required by law or a health care provider: Camp director or their authorized designee.

Parents and Participant (if 18 or over) understand that Wheat State Camp and AGK Ministry Network or any of their agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. We hereby agree to hold harmless, defend and indemnify Wheat State Camp and AGK Ministry Network, its parents, subsidiaries and affiliates, board members, officers, employees, agents and volunteers from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, including the negligence or gross negligence of Wheat State Camp and AGK Ministry Network (collectively "claims") that may be asserted by anyone and that has any relation to the Participant to the fullest extent permitted by law. It is our express intention to defend, indemnify and hold harmless Wheat State Camp, and AGK Ministry Network from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant.

We agree to notify Wheat State Camp in the event of any health changes which would restrict the Participant's participation in any activities. We also understand that Wheat State Camp's representative(s) reserve the right to restrict the Participant from any activity for any reason. **A photocopy or facsimile of this authorization shall be as valid as the original.**

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Participant (if 18 or over) Signature: _____

Date: _____