



Registration Form

Ages 9 through High School

June 23-June 28, 2024

Deadline June 3, 2024

Office Use

Name	Age	Male	Female
Address			
City	State	Zip	

Parent/Guardian

Name		Cell Phone	
Email	Work Phone	Video Phone:	
Address	City	State & Zip	
Name of Employer		Family's Religious Preference	
Check all that apply. Does the camper use: Does camper use a sign language interpreter at school?	ASL Yes PSE No SEE	Lip read Both Oral	

Camp T-shirt order form.

All T-shirts are adult sizes.

Small	Medium	Large	X-Large	XX-Large	XXX-Large
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Emergency Contact If parent or guardian cannot be located, in case of emergency

Name	Contact Number
Persons authorized to take child from camp (other than parent/guardian)	
Persons not permitted to take child from camp	

Authorization to participate in camp activities away from camp premises:

I hereby give permission for my child to go on field trips away from camp premises, whether on foot or by vehicle. Photograph/Video & other similar media. Deaf Youth Camp may produce a video of camp week and/or put pictures of different activities on DYC website or printed media. (No names will be used.)

Parent or guardian signature

Date



Registration Form

Camper's Name

Waiver and Release Form

Liability Release and Parental Consent Form

I hereby waive, release and hold harmless Deaf Youth Camp/Baptist Ridge Camp, its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this Camp Program and any travel/transportation related to this Camp Program, whether paid for by myself or by Deaf Youth Camp/Baptist Ridge Camp. I understand that this release and indemnification releases liability for the conduct of Deaf Youth Camp/Baptist Ridge Camp and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

This release is intended to discharge in advance Deaf Youth Camp/Baptist Ridge Camp, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent

(Complete if applicant is under 18 or under a care of a guardian)

I give consent for my child _____ to participate in all the activities at Deaf Youth Camp, and I execute the above liability release on their behalf.

For the safety and general welfare of all campers, the camp reserves the unrestricted right to dismiss a camper whose conduct or influence, in the opinion of the Director is detrimental to the best interest of the camp.



I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Signature

Date

Relationship



Registration Form

Camper's Name

Photography Consent

The undersigned gives permission to Deaf Youth Camp to use photographs, printed materials, video recordings and other similar media of the Deaf Youth Camp Participant for fundraising and/or marketing purposes. On occasion, participant photographs may be included in promotional videos, websites, Deaf Youth Camp albums, newsletters, or our Information Folders, which contain information given to churches, associations, Interpreters, agencies, and organizations for the sole purpose of promoting Deaf Youth Camp. Deaf Youth Camp respects the privacy of its participants and does not allow unauthorized visitors to photograph or video the camp or its participants without permission from the Director.

I further waive any and all rights to inspect or approve the photograph, videotape, printed materials, and other similar media of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Deaf Youth Camp/Baptist Ridge Camp and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren) or ward(s)' name(s) and/or likeness(es) in any such materials.

Signature

Relationship

Please list as much as possible about your insurance and the deductible. Send a current picture, copy of your registration and complete Camper Health form and check/money order to:

Victoria Towobola/ DYC Registration
PO Box 300827
Kansas City, MO 64130

Registration fee: \$100.00

Please include a recent picture of your Camper.

Checks should be payable to: Deaf Youth Camp

DEADLINE for receiving application and fee is June 1, 2024



Registration Form

Camper's Name

Refund Policy

No refund after May 31, 2024

I understand that in the event of the withdrawal, dismissal, or absence of the camper after **May 31, 2024**, no portion of the registration fee will be refunded or waived. There will be no refund to families or guardians, whose camper are withdrawn or are dismissed during the camp.

I have read and agreed to the terms of the Refund Policy.



Signature

Date

Relationship

Lost/Stolen Policy:

Deaf youth Camp is not responsible for your child's lost or stolen items including hearing aid/cochlear implants, pager, glasses, camera, jewelry, flashlight, clothing items, electronic devices and games, cell phone, any money, cochlear batteries & chargers and etc.

It is strongly recommended that campers **Do Not bring** valuable items (cell phones, iPads, electronic games or devices, tablets, NOOK, money, etc.). Camper is responsible for his/her personal belongings including but not limited to hearing aids, cochlear implants, glasses. It is advised to for camper to put his/her name on all clothing and personal items.



Signature

Date

Relationship



Permission form and Health form

Complete form - sign and date

Office Use

Camper's Name _____

Birth date: / /

SS# _____

Insurance

Blood Type Circle One:

A+, A-, B+, B-, O+, O-, AB+, AB-

Name of policy holder _____ Phone _____ VP or Cell _____

Policy/Group # _____ Type of coverage _____

Please include a copy of your insurance card.

Immunization Record

Vaccine Name:

Month and Year or INCLUDE A COPY of Vaccine Record

Diphtheria-Tetanus-Pertussis

Tetanus - Diphtheria (TD)

Tetanus

Polio

Measles (Hard, Red)

Rubella (German)

Mumps

Hepatitis B

Other

Emergency Contact:

If parent or guardian cannot be contacted/located, in case of emergency please contact:

Name _____

Persons authorized to take child from camp (other than parent/guardian):

Persons not permitted to take child from camp:

Put X all have or easy get

Allergies	Bee sting	Poison Ivy	Penicillin	Poison Oak	Sumac	Dust	Epipen
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Put X if have or use or easy get

Hearing Aids	Cochlear Implant	Asthma	Inhaler	Nebulizer	Diabetic	Sunburns easy
Skin sensitivity due to other medical condition						Eczema



Camper's Name

Medications

Name of Medication	Dosage	How many times per day	Office Use

ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS

The following information must be completed and signed by parent/guardian in order for any over-the-counter medication to be administered at Deaf Youth Camp. All medications will be administered by a nurse.

The over-the-counter medications will be available in the Nurse's Office during camp. In order for your child to receive medication, **parents must authorize each medication by initialing the box next to the medication name below.** All medications will be administered according to the package dosage directions only. Campers are not permitted to self-medicate with any over-the-counter medications while at camp.

You may choose to **decline any medication** be given without verbal/phone consent from you to the camp nurse. If that is your wish, **please mark X to REFUSE MEDS below.**

Parent Initial	Name of Medication	Parent Initial	Name of Medication	Parent Initial	Name of Medication	Office Use
	Advil		Maalox		Excedrin Migraine	
	Tylenol		Gas X		Robitussin	
	Aleve		Mylanta		Halls Cough Drops	
	Ibuprofen		Tums		Chloraseptic Spray	
	Excedrin		Pepcid AC		Antibiotic Ointment	
	Bufferin		Rolaids		Caladryl Lotion	
	Motrin		Benadryl		Gaviscon	
	Imodium A-D		Sudafed		Emmetrol	
	Pepto-Bismol		Claritin/Loratidine		Midol	
	Zantac		Lotion with Lidocaine			



Camper's Name

Consent for Treatment

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the camp Administrator, camp nurse or emergency medical personnel, or surgeon, in case of a sudden illness or injury while participating in the activities at Deaf Youth Camp, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child and will accept all of the expenses of emergency medical or surgical treatment.

It is understood that Deaf Youth Camp will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have informed Deaf Youth Camp of any special medical needs and diagnosis of my child and have provided them with complete and accurate instructions regarding those needs, including any necessary and lawfully prescribed drugs for my child I hereby authorize Deaf Youth Camp and Baptist Ridge Camp and its employees and agents to dispense medications and attend to other special needs of my child.

I give Deaf Youth Camp's nurse permission to administer all medicines listed as per directions on container or written out by parent/guardian and any information and have written information regarding the diagnosis of my child.



Signature

Relationship



The hospitals in Benton County will not accept this "Consent of Treatment" form with ONLY parent's signature. It is required for the form to be notarized. Thank you!



Notary Signature

Date

Other Medical Information: Please "X" Yes or NO

Medical Information	YES	NO
ADS/ADD/ADHD		
Seizures		
Bladder Problems		
Kidney Trouble		
Heart Trouble		
Emotional Difficulties		
Stomach Trouble		
Appendectomy		
Sleep Walking		
Earaches		
Gall Bladder Problems		



Signature

Relationship



Food Allergy & Special Dietary Need

Name	Age	Male	Female
Parents Name		Cell/Text:	
Email	VP Phone:		

Please **X** or list all allergies or special dietary needs. **Please circle** from 1 to 5 serious is the allergy reaction to these foods (1 – uncomfortable 2 3 4 5 – Life Threatening/Serious)

- | | | | | | |
|---------------------------------|-------------------|---|---|---|------------------------------|
| <input type="checkbox"/> Gluten | 1 – uncomfortable | 2 | 3 | 4 | 5 – Life Threatening/Serious |
| <input type="checkbox"/> Nuts | 1 – uncomfortable | 2 | 3 | 4 | 5 – Life Threatening/Serious |
| <input type="checkbox"/> Dairy | 1 – uncomfortable | 2 | 3 | 4 | 5 – Life Threatening/Serious |
| <input type="checkbox"/> Eggs | 1 – uncomfortable | 2 | 3 | 4 | 5 – Life Threatening/Serious |

Other:

- | | | |
|--|-----|----|
| 1. Does your son/daughter have an epi-pen with him/her? | YES | NO |
| 2. Is your son/daughter aware of his/her allergies? | YES | NO |
| 3. Is your son/daughter able to monitor his/her own food requirements? | YES | NO |
| 4. If no, please write name of the adult person who will be responsible: | | |
| <hr/> | | |
| 5. Will this person come to retreat with your son/daughter? | YES | NO |
| 6. Is your son/daughter bringing some of their own special food for his/her meals? | YES | NO |
| 7. If yes, please write down below name of his/her special food: | | |

Please **attach a picture** of your son/daughter so kitchen staff can recognize them in line for the mealtimes. Thank you!

Please **write your son/daughter's name** on his/her special food brought to camp and give to staff to take to the kitchen.

Transportation Waiver & Permission Form

Child/Children: _____

Event: *Deaf Youth Camp*

Date: *June 23 – June 28, 2024*

Location: *Baptist Ridge Camp*

I give permission for my child/children to be transported in a motor vehicle driven to an event and other activities at specified locations during the dates indicated and **returned home on June 30, 2023**. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling.
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip.
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects;
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity going or coming to camp involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Deaf Youth Camp, Baptist Ridge Camp, officers, and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.



Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



Coronavirus & RSV Consent & Liability Waiver Form

- I. Deaf Youth Camp will always endeavor to reasonably and to the best of its ability follow state and local standards of conduct and Baptist Ridge Camp has put in place reasonable preventative measures to reduce the spread of COVID-19, its variants and RSV at its facility. Deaf Youth Camp nor Baptist Ridge Camp cannot guarantee that you or your child(ren) will not become infected with COVID-19, its variants or RSV. Further, you understand and acknowledge that your child attending Deaf Youth Camp at Baptist Ridge Camp could increase your risk and your child(ren's) risk of contracting COVID-19, its variants and/or RSV.
- II. You further agree that for each day your child(ren) attends Deaf Youth Camp, you certify the following:
 1. **I take full responsibility** for assessing my child(ren) for symptoms of COVID-19 Its variants and RSV each day before they are dropped off at the pickup site OR dropped off at Baptist Ridge Camp.
 2. **I will not allow** my child(ren) to attend camp in which they meet CDC criteria for symptoms of COVID-19, its variants or RSV as follows:
One or more of the following:
 - Cough
 - Chills
 - Sore Throat
 - Shortness of Breath
 - Muscle Pain
 - Loss of taste or smell
 - Difficulty breathing
 - Headache
 - Fever of 100.4 or more
 3. **If my child(ren) has been diagnosed with COVID-19 or has symptoms of COVID-19,** Its variants or RSV I will not allow my child to attend Deaf Youth Camp until I talk to the camp director.
 4. **My child(ren) has not** come into contact with anyone diagnosed with COVID-19, variants or RSV for 5 days prior to the day my child(ren) is attending camp.
 5. **My child(ren) has** not traveled outside of the United States or came in contact with anyone who has traveled outside of the United States in the past 10 days.

- III. You further certify the following: I have discussed all the applicable requirements, practices, and procedures with my child(ren), including but not limited to the requirement to wash hands to the greatest extent possible. I will immediately notify Camp Director of any symptoms of the corona virus, it's variants or RSV or if a corona virus infection is confirmed or presumed in my child(ren), myself or a household member. I agree that my child(ren) and I will act in compliance with the most current guidelines.
- IV. By signing this agreement, I acknowledge the contagious nature of COVID-19, its variants and RSV and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19, its variants or RSV by attending camp or similar activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19, its variants and RSV at camp or similar activity may result from the actions, omissions, or negligence of myself and others, including but not limited to, Deaf Youth Camp and Baptist Ridge Camp, including volunteers and employees, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTIONS WITH DEAF YOUTH CAMP PROGRAMMING ("CLAIMS"). ON MY BEHALF, AND ON BEHALT OF MY CHILD(REN), I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS DEAF YOUTH CAMP AND BAPTIST RIDGE CAMP FORMER OFFICERS, EMPLOYEES, VOLUNTEERS, SERVANTS, AGENTS, AND WAIVE ANY AND ALL RIGHTS TO ASSERT SUCH CLAIMS, INCLUDING ANY AND ALL LIABILITIES, ACTIONS, DAMAGES, COSTS, OR EXPENSES OF ANY KIND OF EVERY NATURE ARISING OUT OF OR RELATING THERETO.
- V. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Deaf Youth Camp or Baptist Ridge Camp, its employees, agents, and representatives, whether a COVID-19 infection, its variants or RSV occurs before, during, or after participation in any Deaf Youth Camp or similar program. I agree that presentation of this Release and Waiver constitutes a complete and affirmative defense to any action asserting any Claims and that such action shall be dismissed with prejudice upon presentation of this Release and Waiver.

I HAVE CAREFULLY READ THIS CONSENT FORM AND LIABILITY WAIVER, FULLY UNDERSTAND ALL OF ITS TERMS, UNDERSTAND THE RIGHTS THAT MY CHILD(REN) AND I FORFEIT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Camper's Full Name(s): _____

Parent Name (PRINTED) _____

Parent Signature _____ Date _____



Kayak Waiver & Release Form

PLEASE READ CAREFULLY!!!

The undersigned does hereby give permission for my child _____ to attend and participate in any way in the kayaking related events and activities. In consideration of the services of Mid-Lakes Baptist Association & Deaf Youth Camp (DYC), its agents, owners, officers, volunteers, participants, and all other persons or entities acting in any capacity on myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge and agree that:

1. I will wear protective and safety gear prescribed by Mid-Lakes Baptist Association & DYC, knowing, however, that protective gear does not and cannot guarantee physical safety.
2. I am at all time fully and solely responsible for my own safety and wellbeing while engaging in activities offered or provided by Mid-Lakes Baptist Association & DYC, and in transit to and from such activities. I accept and assume all risks connected with activities offered and/or provided by Mid-Lakes Baptist Association & DYC.
3. I understand and acknowledge there are risks of personal injury, death, and property damage while participating in the instructional activities, and trips offered by Mid-Lakes Baptist Association. Including risks posed by travel to such activity. My participation in these activities are purely voluntary, and I elect to participate in these activities in spite of the risks.

Release of liability, waiver of claims and indemnity agreement:

In consideration of permission to participate in activities with Mid-Lakes Baptist Association and DYC, I hereby acknowledge and agree to the following by execution of this document:

1. I hereby release and hold harmless Mid-Lakes Baptist Association & DYC, its officers, directors, agents and volunteers from any liability whatsoever for any and all injury, disability, death, or loss or damage to person or property, whether caused by active or passive negligence or otherwise, as well as from any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from activities offered or provided by Mid-Lakes Baptist Association and DYC.
2. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of Mid-Lakes Baptist Association, DYC, agents, officers, directors, and volunteers, or by any other person.
3. I certify that I have no medical or physical condition which could interfere with my safety while participating in these activities, or else I am willing to assume, and bear the costs of, all risks that may be created, directly or indirectly, by such condition. I agree to wear a properly fastened personal floatation device always while in the water, and to use such other safety equipment as may be provided to me by Mid-Lakes Baptist Association & DYC.

4. I understand and agree that should emergency rescue evacuation become necessary, the expenses are my sole responsibility and not that of Mid-Lakes Baptist Association or Deaf Youth Camp.

*****Read this form completely and carefully.** You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if Mid-Lakes Baptist Association and Deaf Youth Camp uses reasonable care in providing this activity; there is a chance your child may be seriously injured because there are certain dangers inherent in this activity which cannot be avoided or eliminated. By signing this form you are giving up your child's right and your right to recover from Mid-Lakes Baptist Association and Deaf Youth Camp, agents, officers, directors, and volunteers, or by any other person in a lawsuit for any personal injury to your child or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and Mid-Lakes Baptist Association & Deaf Youth Camp has the right to refuse to let your child participate if you do not sign this form.

I have carefully read this RELEASE OF LIABILITY AND WAIVER AGREEMENT, and fully understand it. I understand this is a release of waiver of liability and by signing this agreement I am giving up important legal rights.

Child's Name (print): _____ Date: _____

Parent or guardian if participant is under 18 years old:

Name (print): _____ Date: _____

Signed Name: _____ Phone: _____ Circle one VP or Cell

In case of emergency contact: _____ Phone: _____

Relationship: _____

If we are unable to contact person name above please give us another contact person:

Name (Print): _____ Relationship: _____

Phone: _____ Circle One: VP or Cell