Heartland America 2016 KANSAS/MISSOURI Youth Camp

CAMPER APPLICATION PACKET



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June 10-12, 2016 Forest Park Retreat Center (Topeka, KS) Ages 6 - 11 * Registration/Tuition = \$90 Directors: Scott & Crystal Fuller 1609 W. Santa Fe, Olathe, KS 66061 Phone: (913) 608-1116 Email: crystal.fuller@heartlandcogop.org

Kid's Camp East

July 2-5, 2016 Cross Point Camp (Rocky Mount, MO) Ages 6 - 11 * Early Registration (Postmarked by June 10) = \$110 After June 6 = \$130 Directors: Eric & Shawna Kaut 207 S. Jackson Street, Mountain View, MO 65548 Phone: (417) 247-1188 Email: shawna.kaut@heartlandcogop.org

Senior Camp

July 5-9, 2016 Cross Point Camp (Rocky Mount, MO) Ages 12 - 25 * (Free T-Shirt if Applications are sent, and Postmarked by June 10 with tuition of \$155) Tuition after June 10, and at the door = \$155 Directors: Jerod & Mykala Shaver 17634 Cocklebur Dr. Tonganoxie, KS 66086 Phone: (660) 441-5869 Email: mykala.shaver@heartlandcogop.org

* Tuition due with application. No child will be registered at camp without proper Parent/ Guardian signature and authorization to participate in camp activities.

NOTE: Applications and other camp forms may be downloaded from our Regional Website. (Click on the State Flag!)



www.heartlandcogop.org

APPLICATIONS ARE ACCEPTED WITHOUT REGARD TO GENDER,	RACE, COLOR, RELIGION, NATIONAL ORIGIN, PHYSICAL OR MENTAL HANDICAP
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Kansas / Missouri Youth Camp Application A Church of God of Prophecy Ministry

Regional Office: (918) 251-9667 Regional Office Fax: 888-285-1732

Mail application and tuition to the Directors of the camp you will be attending.

KID'S CAMP West: (Ages: 6 Directors: Scott & Crystal Fu 1609 W. Santa Fe Olathe, KS 66061	uller Directors: E 207 S. Mountain	KID'S CAMP East: (Ages: 6-11) Directors: Eric & Shawna Kaut 207 S. Jackson Street Mountain View, MO 65548			SENIOR CAMP: (Ages: 12-25) Directors: Jerod & Mykala Shaver 17634 Cocklebur Dr. Tonganoxie, KS 66086	
(913) 608-1116 Email: crystal.fuller@heartlandco		7) 247-1188 aut@heartlandcogop.org	Email: myka	660) 441-586) ala.shaver@hea	rtlandcogop.org	
Senior Camp = (••	ne 10 with tuition pay	,			
* Grade Level Next School Year	Campe	r Information	Sm	Camp ONLY: T- allMedium arge 2X Lai		
First Time Camper? Yes	_No / Camp Attending:Kid's (Camp WestKid's Ca	amp EastSenior / (Grade Level Ne	ext School Yr	
Name:			Male:	Fema	ale:	
Address:		City:		_ State:	_ Zip:	
Phone: () I	Date of Birth:/ Age	first day at camp:	_ Email Address:			
Church Attending:	Pastor:		City:		_ State:	
	Parent or Gu	ardian Inforr	nation			
Name of Parent or Guardian:		Email /	Address:			
Address:		City:		State:	Zip:	
Home Phone: ()	Work Phone: (_)	Cell Phone: (_)		
Who to contact in case of eme	rgency other than parent or guard	lian:				
Name:						
Relationship to Camper:	Home Pr	10ne: ()	Cell Phone:	()		
NOTE: If your child is under 18.	may we have your permission to ba	otize them in water (by	immersion) if they so de	sire?	Yes No	
-						
	FOR O	FFICE USE ONLY				
	_No Amount Received: \$		••			
-	Check Number \$Ca		Money	Turned In Fo	r Snack Shack	
Notes Staff Signature			Date			

Medical Information

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD

Camper Name: ______ Please indicate with a check mark any of the following medical problems that apply to the camper. If it is a current problem, please provide date of the most recent occurrence; if a past problem, approximate date.

Rheumatic Fever	ТВ
Diabetes	Heart Trouble & Related Problems
Asthma	Ivy, Oak Sumac Poisoning
Convulsions	Fainting
Sleep Walking	Kidney Trouble
Recent Illness	Other:

Family Physician			Phone	
Allergic Reactions to:				
Most Recent Tetanus Shot:		Blood Type		
List any Medications to be administered at	camp to be taken on a re	egular basis:		
	Treating		Frequency	
			Frequency	
	Treating		Frequency	
(Use another sheet of paper if necessary)				
Camper is under the care of a physician for	the following reasons: _			
List any dietary restrictions: (No special me	als are provided, but we	will inform our staff of c	amper's restrictions to help them choose	allowed foods
from our regular menu.)				

Physical restrictions, or activities not allowed:

Other Pertinent Information

<u>NOTE</u>: Medications must be in original container & administered by camp medical staff - NO EXCEPTIONS!

Statement of Certification and Understanding

MEDICAL CONSENT: In case of an emergency, I understand that every effort will be made to contact me (parent or guardian). In the event I cannot be reached, I hereby give permission to the Camp Director, Camp Nurse, and physicians selected by the camp to secure proper treatment for, to administer "over-the-counter" (OTC) or prescription medications, to hospitalize, order injection, anesthesia, and/or surgery for the camper. I understand that my insurance has the primary responsibility of payment should my child need treatment. The camp insurance is secondary. I understand that all medications, including OTC must be administered by the camp medical personnel and that medications will be collected at time of registration. I certify that all the information provided on this application is accurate to the best of my knowledge. I have read and understand that failure to do so could result in dismissal from camp. I also agree that the Church of God of Prophecy (local, regional, and international offices), and its officers, servants, or staff shall not be held responsible for damages for any accident or sickness involving my child.

I hereby agree that my child/ward may participate in all camp activities including travel off the property. I give my permission for camp administration to use images and recordings of my child/ward without further compensation. I also agree to hold harmless camp staff, and volunteers from any and all liabilities, claims, demands, and causes of action whatsoever, which may arise due to the participation of myself, or my child/ward in said activities.

Parent or Guardian Signature	Date
-	
Camper's Signature (If over 18)	Date

HEARTLAND CAMPING MINISTRIES PROGRAM STATEMENT (KEEP THIS PAGE FOR YOUR REFERENCE.)

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KID'S CAMP West: (Ages: 6-11) Directors: Scott & Crystal Fuller 1609 W. Santa Fe, Olathe, KS 66061 (913) 608-1116 Email: crystal.fuller@heartlandcogop.orf KID'S CAMP East: (Ages: 6-11) Directors: Eric & Shawna Kaut 207 S. Jackson St., Mountain View, AR 65548 (417) 247-1188 Email: shawna.kaut@heartlandcogop.org SENIOR CAMP: (Ages: 12-25) Directors: Jerod & Mykala Shaver 17634 Cocklebur Dr. Tonganoxie, KS 66086 (660) 441-5869 Email: mykala.shaver@heartlandcogop.org

Please read the following before completing the camper application. Parents, if the camper is younger than 18 years, please review this statement with him or her.

STATEMENT OF EQUITY: All applications will be accepted on a first-come, first-served basis with no regard to race, color, creed, sex, or nationality.

<u>PARTICIPATION</u>: We are interested in the moral, social, physical, and spiritual growth of each camper. Each camper will be expected to participate in the full camping program and all activities unless the parent or guardian indicates otherwise on the application.

<u>REGULATIONS</u>: For the safety of all campers and staff, the following items will not be allowed: fireworks, drugs, guns, knives, laser pointers, or weapons of any kind. The camp reserves the right to perform an inspection of all belongings. No use of drugs, alcohol, tobacco, or profanity will be allowed. Campers, please do not bring the following items: valuable jewelry, large amounts of money; computer; video games; CD's, radio, MP3 players, iPods, Kindles (or any other such device).

ITEMS TO BRING: Please bring the following items: flip-flops or other shoes to be worn in the shower and to the pool/lake; toiletries, towels, and washcloths; casual clothes, shoes, and socks; an umbrella; sheets for a twin bed, a pillow; a quilt, blanket or sleeping bag; bathing suit or swim trunks (and shirt and shorts you don't mind getting wet); water shoes or shoes to wear to/from the pool; a flashlight; a Bible, paper, and a pen. Snack shack money. (This may be age group specific. Check camp application for details.)

<u>BEHAVIOR</u>: In the event that a member of the camp staff considers a camper's behavior to be unacceptable, extra duties may be used as corrective disciplinary action. For extreme cases, the camper may be sent home without refunding tuition.

DRESS CODE: The intent of our camp dress code is to provide an equitable dress code for all campers that will encourage modesty above legalism. Parents and church leaders are urged to see that only clothing which meets the policies and regulations of the camp policies are brought to camp.

CAMPERS: Please bring clothing to camp which fully complies with the following regulations:

- Modesty Since this is a Christian Camp with a distinctly Christian atmosphere, the New Testament principle of modesty should always be the standard dress at camp. While on our campground, camper may not wear apparel that exposes the midriff, is extremely tight fitting, or has writing on the back of pants or shorts. Apparel may not display or promote *alcohol, drug, sexual, or inappropriate language or pictures.* It is the responsibility of the local church pastor/youth director/camp sponsor to see that each camper is aware of our camp policy and to reinforce these policies before camp begins. The camp staff is to model the standard of modesty and enforce the camp dress code, taking into consideration that wisdom dictates an appropriate response specific for each situation.
- Dresses and Shorts Camp dress is to be casual, neat, and clean. Shorts are thumb to finger-tip to the knee in length. Slits in dresses and skirts should also be modest in length. All apparel must cover the shoulder. Dresses must include accessory wear under or over any straps that do not cover the shoulder.
- ⇒ Shirts and Shoes Tank tops are not allowed at camp. Sleeveless shirts are acceptable, but must go from the neck to the shoulder seam and not be split down the side. Shoes and shirts must be worn at all times outside cabins, except while swimming.
- Swimming Attire Speedos, or thong type swimsuits will be unacceptable. Extremely revealing swimsuits will require adequate covering (t-shirt, etc.). Determining the appropriateness of swimming attire will be at the sole discretion of the camp staff. Please bring shorts, shirts, or robe (and shoes/flip flops) to wear to/from the pool.

<u>CELL PHONE POLICY</u>: We endeavor to create an atmosphere that minimizes distractions and maximizes a total "camping" experience. We ask that campers turn their phones off, and turn them in at check-in. We guarantee the privacy and security of the phone. The phones will be returned upon check-out from camp. **NOTE:** We want our campers to feel safe and secure. If a camper wishes to call home, our Cabin Leaders are instructed to make sure they have access to their phone to make the call. Calls will be allowed to Parents/Guardians only, except in the case of an emergency. Parents/ Guardians are more than welcome to call the camp phone any time to check on their camper.

Kid's Camp West



From I-70 take Exit 364B (Carnahan/Deer Creek exit). Turn North on Deer Creek, go one block to 10th street and turn right or east. Go one block to the Forest Park entrance on the left or north side of the street.

3158 SE 10th Street, Topeka, KS 66607 Emergency Phone Number: Scott & Crystal Fuller (913) 608-1116 Registration Begins at 11:00am (Friday) Check-Out Begins at 1:00pm (Sunday)

Kid's Camp East & Senior Camp



Cross Pointe Camp and Retreat Center is located at the 6 mile marker of the main channel of the Lake of the Ozarks. It is at the end of Y Highway off of 52 Highway out of Eldon, MO.

31434 Main Street, Rocky Mount, MO 65072 Emergency Phone Numbers: Senior Camp: Jerod & Mykala Shaver (660) 441-5869 Kid's Camp East: Eric & Shawna Kaut (417) 247-1188

Registration Begins at 2:30pm (Both Camps)

Check-Out Begins at 1:00pm (Kid's Camp East) 11:00am (Senior)



Camp Visitation Policy

Because of liability and the safety and security of the campers and property, no visitors are allowed on the campground. The only exceptions are for essential staff members.