



May 3-5, 2019

Deaf Young Adult Retreat

| |
|-------------------|
| <i>Office Use</i> |
| |
| |

| | | | |
|---------------------|-------------------|---------------------|---------------|
| <i>Name</i> | | <i>Male</i> | <i>Female</i> |
| <i>Home Address</i> | | <i>Deaf</i> | <i>HH</i> |
| <i>City</i> | | <i>State</i> | <i>Zip</i> |
| <i>Email</i> | <i>Home Phone</i> | <i>Mobile Phone</i> | |
| <i>Employer</i> | | <i>Position</i> | |

Parent/Guardian (If you are have a Guardian, please fill out)

| | | | |
|-------------------------|-------------------|--------------------------------------|------------------------|
| <i>Name</i> | | <i>Home Phone</i> | |
| <i>Email</i> | <i>Work Phone</i> | <i>Mobile Phone</i> | |
| <i>Address</i> | | <i>City</i> | <i>State & Zip</i> |
| <i>Name of Employer</i> | | <i>Family's Religious Preference</i> | |

Check all that apply. I am most fluent in and have...

| | | | | | | |
|-----|-----|-----|------|-------------|--------------|-------------------|
| ASL | PSE | SEE | Oral | Cued Speech | Hearing aids | Cochlear implants |
|-----|-----|-----|------|-------------|--------------|-------------------|

Date of Birth:

Blood Type: Circle One: A+ A- B+ B- O+ O- AB+ AB-

Emergency Contact Information

| | |
|-------------|--------------|
| <i>Name</i> | <i>Phone</i> |
|-------------|--------------|

Personal and Policy Information

Harassment: The camp's policy is to prohibit all forms of harassment. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment by any person? (Note: The type of accusation and when it occurred will be evaluated by the Director.)

☐ Yes ☐ No

Explain: _____

Personal Conduct: Please read carefully the paragraphs below before answering and write your name. Deaf Youth Camp is committed to train and minister to deaf young adults while attending the retreat. This relationship is built on trust and respect.

Please Check the boxes if you agree/understand:

- ☐ I agree to abstain (not use) tobacco products, alcoholic beverages, illegal drugs, and any other behavior.
- ☐ I understand that use of tobacco products, alcoholic beverages, illegal drugs, or involvement in questionable conduct, behavior and/or actions will be the reason for the Director to ask me to leave retreat.

Please Read Carefully, Check and Sign your name:

Authorization and agreement:

- ☐ I affirm the registration form and the conditions listed here and on the Medical Form are true to the best of my knowledge. I agreed that Deaf Youth Camp will not be held responsible for unforeseen accidents or illness while I am at the retreat. I recognize there is an element of risk in activities I may participate in while staying at Peace Valley Ministries. I hereby release, indemnify and hold harmless Deaf Youth Camp, its agents and volunteers, from and against any and all claims, liabilities, suits, actions, attorney's fee and including without limitation any act, omission, or negligence of Deaf Youth Camp, it's agents and volunteers, which may arise from or in any way be connected with my stay or participation in activities at Deaf Youth Camp.
- ☐ Permission to Photograph/Video. Permission to Photograph/Video -Deaf Youth Camp may produce a video of the retreat and/or put pictures of different activities on DYC website. No names will be used. By checking this box you give DYC permission to video and/or photograph you for camp purposes/promotion only.
- ☐ I understand and acknowledge that signing below that my answers to the above application questions and evaluations are complete and true to the best of my knowledge.
- ☐ I also understand that I will be expected to comply with Campground guidelines and the Deaf Youth Camp rules and aims.

Signature

Date

Send a copy of your insurance card, registration and health form and money to:

Victoria Towobola
609 N. Spring Lake Dr
Independence, MO 64056



May 3-5, 2019

Health/Insurance Form

Office Use

NAME: _____

Blood Type: Circle One: A+ A- B+ B- O+ O- AB+ AB-

Sex _____ Date of Birth _____ Deaf _____ Hard of Hearing _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ WORK: (_____) _____

Health INSURANCE POLICY

Name of Policy Holder: _____

Phone Number: _____ Policy/Group # _____

Type of Coverage: _____

Date of Birth: _____

Included a copy of your insurance card: Yes _____ No _____

Doctor's Name: _____ Phone: (_____) _____

Address: _____

ALLERGIES: *Check all that apply*

| Allergies | Bee sting | Poison Ivy | Penicillin | Poison Oak | Sumac | Dust | Epipen |
|-----------|-----------|------------|------------|------------|-------|------|--------|
|-----------|-----------|------------|------------|------------|-------|------|--------|

Any special dietary requirements and/or restrictions:

Date of your Tetanus shot? _____

Please list any restrictions or limitations we should know about

Please check any you have or use:

| | | | | |
|---|----------------|-------------------|-----------------|----------------------|
| <i>Asthma</i> | <i>Inhaler</i> | <i>Nebulizer</i> | <i>Diabetic</i> | <i>Sunburns easy</i> |
| Skin sensitivity due to other medical condition | | | Eczema | |
| Hearing Aid | | Cochlear Implants | | |

Medication or Insulin

| Medicine | Dose | Time administered/X per day |
|----------|------|-----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

IN CASE OF AN EMERGENCY NOTIFY:

NAME: _____

PHONE: (_____)_____ OTHER: (_____)_____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE -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 Peace Valley Ministries 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 (If have Guardian)

Date

Send this form with your registration form.

Waiver and Release Form

Liability Release and Parental Consent Form

I hereby waive, release and hold harmless Deaf Youth Camp/ Peace Valley Ministries, 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/ Peace Valley Ministries. I understand that this release and indemnification releases liability for the conduct of Deaf Youth Camp/ Peace Valley Ministries and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

This release is intended to discharge in advance Deaf Youth Camp/Peace Valley Ministries, 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)

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.

Camp is not responsible for camper's articles of clothing or personal belongings. It is strongly recommended that campers **Do Not bring** valuable items (cell phones, iPods, electronic games or devices, tablets, NOOK, etc.).

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

Signature _____ *Relationship* _____

Photograph Consent

The undersigned gives permission to Deaf Youth Camp to use photographs and audio and/or video recordings 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.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness, including any written article, script, caption or other writing that may accompany such use of my and/or my minor child/ or children or ward(s)' name(s) and/or likeness. I hereby, for myself, my minor child/ or children or ward(s), heirs, and executors, waive, release and forever discharge the Deaf Youth Camp/Peace Valley Ministries and its employees, agents, counselors, teachers, representatives, successors and assigns, from and against any 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/ or children, ward(s)' name(s) and/or likeness in any such materials.

Signature

Relationship

Transportation Waiver & Permission Form

Child/Children: _____
Event: Deaf Youth Camp / Deaf Young Adult Retreat Date: May 3-5, 2019
Location: Peace Valley Ministries. MO

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 May 3-5, 2019. 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, Peace Valley Ministries, 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.

Name (please print): _____

Signature: _____ Date: _____

