



Registration Form

March 15-17, 2024
Deadline MAIL/EMAIL
March 1, 2024

Office Use

Name	Age	Male	Female
Address			
City	State	Zip	

Parent/Guardian

Name		Home Phone/VP				
Email	Work Phone		Cell 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	PSE	SEE	Lip read	Both	Oral
	Yes	No				

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 the retreat 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 Consent Form

Waiver & Liability Release

I hereby waive, release, and hold harmless Deaf Youth Camp/Baptist Hill Assembly, 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 Retreat Program and any travel/transportation related to this Retreat Program, whether paid for by myself or by Deaf Youth Camp/Baptist Hill Assembly. I understand that this release and indemnification releases liability for the conduct of Deaf Youth Camp/Baptist Hill Assembly and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

This release is intended to discharge in advance Deaf Youth Camp/Baptist Hill Assembly, 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 Deaf Youth 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 retreat.

The Deaf Youth Camp/Baptist Hill Assembly is not responsible for camper's articles of clothing or personal belongings. Please have YOUR CHILD'S NAME ON ALL CLOTHING ITEMS. 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

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 Hill Assembly 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(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:

Deaf Youth Camp
Victoria Towobola
PO Box 300827
Kansas City, MO 64130

Registration fee: \$60.00

Please attach a recent picture of your Camper

Checks should be payable to: Deaf Youth Camp

DEADLINE for receiving application and fee is March 1, 2024



Registration Form

Camper's Name

Refund Policy

No refund after March 1, 2024

I understand that in the event of the withdrawal, dismissal or absence of the camper **after October 7, 2023, 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 retreat.

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



Signature

Date

Relationship



Permission form and Health form

Complete form - sign and date

Office Use

Camper's Name

Birth date / /
SS#

Please Circle:

Blood Type: A+, A-, B+, B-, O+, O-, AB+, AB-

Insurance

Name of policy holder _____ Phone _____
Policy/Group # _____ Type of coverage _____

Please include a copy of your insurance card.

Immunization Record

Vaccine	Month and Year
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:

Check all that have allergy

Bee sting	Mold	Poison Ivy	Penicillin	Poison Oak	Sumac	Dust
-----------	------	------------	------------	------------	-------	------

Check all that apply

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	Time Administered/X 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 the retreat. 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 the retreat.

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 clearly mark REFUSE MEDS across the form 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 Hill Assembly, 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** _____

Other Medical Information: Please answer Yes or NO

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

 **Signature** _____ **Relationship** _____



Food Allergy & Special Dietary Need

Name	Age	Male	Female

Parents Name		Home Phone	
Email	VP Phone:	Cell/text:	

Please check or list all allergies or special dietary needs.

Please circle from 1 to 5 how severe is the allergy reaction to these foods
(1 – uncomfortable 2 3 4 5 – Life Threatening)

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

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 for this: | | |
| <hr/> | | |
| 5. Will this person come to retreat with your son/daughter? | YES | NO |
| 6. Is your son/daughter bringing some of their own food for their 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 we can recognize them in line for the meal times. Thank you!

Please write your son/daughter's name on his/her food brought to retreat and we will give to staff to take to the kitchen.



Transportation Waiver & Permission Form

Child Full Name: _____

Event: **Deaf Youth Retreat**

Date: **March 15-17, 2024**

I give permission for my child/children to be transported in a motor vehicle driven to & from Baptist Hill Assembly, any events and other Deaf Youth Camp approved activities at other locations during the dates indicated and **returned home on March 17, 2024**. 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 & may wear a face mask;
- (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 Baptist Hill Assembly 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 Hill Assembly, 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: _____



**Deaf Youth Camp
Coronavirus Consent Form
& Liability Waiver**

- I. The corona virus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. Deaf Youth Camp will always endeavor to reasonably and to the best of our ability follow state and local standards of conduct and Baptist Hill Assembly has put in place reasonable preventative measures to reduce the spread of COVID-19 and its variants at its facility. Deaf Youth Camp recognizes that social distancing is not always possible during the Spring Retreat but will encourage it whenever possible. However, even though such standards will be reasonably followed, and reasonable measures put into place, Deaf Youth Camp nor Baptist Hill Assembly cannot guarantee that you or your child(ren) will not become infected with COVID-19 or its variants. Further, you understand and acknowledge that attending Deaf Youth Retreat at Baptist Hill Assembly could increase your risk and your child(ren's) risk of contacting COVID-19 or its variants.
- II. **You further agree** that for each day your child(ren) attends Deaf Youth Retreat, You certify the following:
1. **I take full responsibility** for assessing my child(ren) for symptoms of COVID-19 each day before they are dropped off at the pickup site OR dropped off at Baptist Hill Assembly.
 2. **I will not allow** my child(ren) to attend the retreat in which they meet CDC criteria for symptoms of COVID-19 and its variants 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 or any of the COVID related variants I will not allow my child to attend Deaf Youth Retreat until I talk to the Camp Director.
 4. My child(ren) **has not** come into contact with anyone diagnosed with COVID-19 or any COVID variants for 7 days prior to the day my child(ren) is attending Spring Retreat.
 5. My child(ren) **has not traveled** outside of the United States or has come in contact with anyone who has traveled outside of the United States in the past 7 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 requirements to wear a mask, wash hands to the greatest extent possible. I will immediately notify the Camp Director of any symptoms of the corona virus/variants or if a corona virus infection is confirmed or presumed in my child(ren), myself or a household member. I agree that myself and my child(ren) will act in compliance with the most current guidelines.
- IV. By signing this agreement, I acknowledge the contagious nature of COVID-19 and its variants and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Spring Retreat 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 and its variants at the Spring Retreat 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 Hill Assembly, 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") AND BAPTIST HILL ASSEMBLY, ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS DEAF YOUTH CAMP AND BAPTIST HILL ASSEMBLY, 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 Hill Assembly, its employees, agents and representatives, whether a COVID-19 and/or COVID Variant infection occurs before, during, or after participation in any Deaf Youth Camp retreat 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 without 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 _____