

Central Missouri Mission Center  
**2024 Summer Youth Camps**



Community of Christ

Camper Full Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Preferred Name for Name Tag: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Congregation or Church Affiliation: \_\_\_\_\_

<b>June 22-23</b> <input type="checkbox"/>	<b>Children's Camp</b> Completed grades K, 1, 2	Odessa Church (some activities will be at other sites)	*Cost - \$20 add \$10 after May 31
<b>June 24-28</b> <input type="checkbox"/>	<b>Junior Camp</b> Completed Grades 3, 4, 5	With Central Mission at Lake Doniphan, Excelsior Springs	*Cost - \$160 add \$50 after May 31
<b>June 29-July 4</b> <input type="checkbox"/>	<b>High School Camp</b> Completed grades 9, 10, 11, 12	With Central Mission at Lake Doniphan, Excelsior Springs	*Cost - \$175 add \$50 after May 31
<b>July 8-13</b> <input type="checkbox"/>	<b>Middle School Camp</b> Completed grades 6, 7, 8	With Central Mission at Lake Doniphan, Excelsior Springs	*Cost - \$175 add \$50 after May 31
<b>July 13-20</b> <input type="checkbox"/>	<b>Spectacular</b> Completed Grades 9, 10, 11, 12	South Central States Delegation (Central Missouri and South Central) -Graceland University <u>Online registration only</u> – information coming soon. (only complete this page of the printed registration form)	*Cost - \$475 Send registration fee to Central MO Mission Center

\*Cost is subsidized for members and friends of Central Missouri Mission Center through the Camp Endowment Fund. No late fees will be covered by the Camp Endowment Fund. Others, please contact the Mission Center at 660-747-6193 for actual cost.

Please circle or indicate T-shirt size: Adult S M L XL XXL  Child S M L XL

Complete this form and return with your check to: **Central Missouri USA Mission Center, PO Box 350, Warrensburg, MO 64093**

**Please attach a photocopy of a current health insurance card that covers the registrant.**

If your congregation is paying any part of this fee, how much? Amount paying: \_\_\_\_\_

Signature of Congregational Financial Officer: \_\_\_\_\_

(If you need help paying for camp and your congregation cannot help, see information about the mission center Youth Campership Fund at <https://cmmcccommunity.org/camps.html>)

Registrant Information:

Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

Camper Cell Phone (opt): \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

Two Emergency Contacts (Not the Parents):

1. Name: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other Persons Authorized by Parent/Guardian to transport Registrant home upon conclusion of Camp:

\_\_\_\_\_

Is the camper covered by medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL—Please circle YES or NO and explain any “YES” answers

YES NO Asthma - \_\_\_\_\_

YES NO Allergies - \_\_\_\_\_

YES NO Other health conditions? \_\_\_\_\_

\_\_\_\_\_

Can the camper swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Any additional information a staff member would benefit from in working with your child? (sleep challenges, bed wetting, behavioral challenges, homesickness, etc.)

\_\_\_\_\_

\_\_\_\_\_

DIET – Regular \_\_\_\_\_ Vegetarian \_\_\_\_\_ Gluten Free \_\_\_\_\_ Dairy Free \_\_\_\_\_

Medications that will be taken at camp (name of medication, dosage, times taken, reason for taking)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian:

1. Name: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_

Opt. 2. Name: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Consent to Medical Treatment**

As the Registrant, or if under the age of 18, the parent or legal guardian of the Registrant listed on this form, I give permission to Community of Christ to transport the Registrant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Community of Christ personnel may administer prescription medication as needed during the Event, and I agree that if the Registrant has an illness on the day the Event begins that could be harmful to him/her or to others, he/she will not be allowed to begin the Event.

**Consent to Participate in Event Activities**

As the Registrant, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older, specifically consent to the participation in all activities offered at the Event. Any activities to which I do not consent are listed here: \_\_\_\_\_

**Waiver and Release of Liability**

In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for personal injury, sickness or death based upon ordinary negligence, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the Registrant occurring while Registrant is participating in the Event or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said Registrant during the Event, including expenses incurred attendant thereto.

**Photo Release**

In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), hereby give consent to and authorize the taking of photographic, audio or video recordings in which the Registrant may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

**Event Rules**

Possession of fireworks, firearms, fixed or switched blade knives, any other weapons, alcohol, tobacco products, marijuana, illegal drugs or other controlled substances or their imitations are strictly forbidden.

**STATEMENT OF CONSENT AND RELEASE**

I, the undersigned, have read and consent to the rules, guidelines and releases specified in this form.

\_\_\_\_\_  
Signature of Registrant or Parent/Legal Guardian if Registrant is under 18

\_\_\_\_\_  
Date