

KIDS CAMP APPLICATION PROCESS

Carefully review all 8 pages of this application packet.

***Complete three forms** - for each person attending *[plus a fourth form if medication is required]*

1. Camper Application Form
2. Camper Agreement & Photo Release
3. Medical Information – Authorization to Treat Form

***AND 4.** Medical Providers Request form **IF** medication is required during camp including seasonal allergy relief medication.

[Applications without these three completed forms will not be accepted.]

***Pay \$295 with check or money order payable to NW Unity.**

***Make copies** of all paper work before mailing!

***Mail to:** Nick Muncie-Jarvis,
NW Youth of Unity Consultant
6820 SE 83rd Ave
Portland, OR 97266

***Contact** your ministry representative who signed your Camper Application Form to check the status of your application.

APPLICATION PROCESS IS COMPLETE WITH:

- Camper Application Form,
- Camper Agreements,
- Medical Information & Authorization to Treat, and
- \$295 Payment [\$285 if received by 6/2/19].

Unity Kids 7 through 11 years of age
The Northwest Region Youth of Unity invite you to celebrate with them the
40th Annual KIDS CAMP 2019

“Speak Your Dream to Let It Sing”

Saturday, June 22–Tuesday, June 25

A Y.O.U. Service Project, Kids Camp is a 4-day, 3-night communion with Spirit. The teenage counselors volunteer and pay their own registration to attend. This event is created, planned, facilitated, and supervised by YOUers (ages 15 to 18 years old) from regional ministries. At camp, teens become “parents” to their campers providing all daily structure and are supported by a team of adults. Activities include large group funshops, small family groups, singing, meditation, swimming, walking, games and prayers.

Mission Statement: We, the Kids Camp Counselors of 2019, embrace the loving and kind nature of the campers in order to manifest a safe, adventurous and respectful space to feed the awareness that will further our spiritual journey together.

SPONSORS: Unity Worldwide Ministries Northwest Region with Northwest Region Youth of Unity
Nick Muncie-Jarvis, NW Youth of Unity Consultant
6820 SE 83rd Ave, Portland, OR 97266
503-568-1692 you@unitynwregion.org

We as adults will hold all accountable to boundaries and agreements and send someone home, in a loving way, if needed.

FEE: \$295 [\$285 if postmarked by 6/2/19] includes meals and lodging from Saturday dinner at 5:30 p.m. through Tuesday lunch at 12 noon, plus T-shirt and camp photos. In case of cancellation, \$75 will be retained to cover pre-camp expenses.

LOCATION: Camp Waskowitz 45505 SE 150th St, North Bend, WA 98045 (3.75 miles east of North Bend, WA). From Interstate-90, take Exit #34 - 468th Ave SW. Turn South onto 468th Ave SW, then turn Right (west) onto 150th SE and drive for about 3/4 mile.

ARRIVE: between 3-4 p.m. Saturday. **DEPART:** about 1 p.m. Tuesday after lunch and closing circle.

MEALS: Are similar to public school lunches and are served family style. Waskowitz staff attempts to meet special dietary needs when requested in advance. They cannot support vegan or gluten free diets. Bring some of your own food to supplement.

MESSAGES: *In an EMERGENCY, Nick’s cell 503-568-1692 As last option call the camp (425) 888-0681 person-to-person.*

Preparing for Camp (Keep This Sheet)

THINGS TO KNOW:

- No store exists on grounds; come supplied with personal items.
- Leave your money with the person driving you to and from camp.
- You receive your room & family assignment in the registration office.
- You will be housed in 1 of 2 dorms & 1 of 8 rooms with your camp family.
- Everyone is assigned to a family of 9-12. This is an opportunity to learn about yourself and to make new friendships.
- Leave your personal electronic devices at home. *Family leaders will use their own musical devices to enhance the atmosphere. If you need one for your spirit share, you will be asked to leave it with your counselor until your rehearsal and/or performance.*

THINGS TO BRING:

- Medical Information / Authorization to Treat Form (your traveling copy)
- Clothes for hot, cool or rainy weather,
 - hat,
 - 3 jackets,
 - 3 pairs of shoes (sandals, tennis shoes, rain boots),
 - 5 pairs of socks,
 - 3 sets of underwear,
 - pajamas,
 - 3 washcloths,
 - 3 towels (1 shower, 1 swim, 1 spare if others get soaked)
- Swimming suit and plastic bag for packing wet items [swim suit, towel] for trip home
- Kit with comb, brush, toothbrush, toothpaste, shampoo & soap
- Sleeping bag, pillow & pajamas
- Teddy bear or another stuffed friend
- Medication(s) & Completed Medication Authorization Form(s), as needed
- "Spirit Sharing" props, instruments, music, costumes [optional]

WHAT IS "SPIRIT SHARING"? In keeping with the tradition of expressing our spirit, people bring skits, props, instruments, costumes & imaginations for a sharing time. The theme & spiritual intent of camp are to be reflected in all acts. Keep this in mind while choosing & preparing your act.

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CAMPER APPLICATION FORM

Make two copies: 1 copy for regional records and 1 copy for your local ministry

_____ demonstrates maturity, self-discipline and self-responsibility, has a
Name of Child
sincere desire to attend, and is able to participate in camp activities.

Unity Ministry: _____ Minister: _____ Phone (____) _____

Youth Ed. Director: _____ Email: _____ Phone (____) _____

PARENT CHECK LIST – REQUIRED

My child ...

- Is actively involved in a Unity Ministry.
- Independently follows directions.
- Has had 3 successful overnight stays away from home without family.
- Exhibits appropriate behavior.
- Can effectively communicate their needs in a way that is appropriate in a group setting.
- Demonstrates ability to follow group agreements.
- Is independent in personal hygiene and care needs.
- Independently participates in group activities and projects

I have read and understand the front page of the Kids Camp Information Flyer, specifically “This event is created, planned, facilitated and supervised by YOUers (ages 15 to 18 years old) from regional ministries. The teens become ‘parents’ to their campers providing all daily structure and are supported by a team of adults.”

PARENT SIGNATURE: _____

T-shirt Size (please circle one)

Child sizes: Medium, child Large, child

Adult sizes: Small Medium Large X-large XX-large

MINISTRY CHECK LIST – REQUIRED

This participant...

- Is actively involved in our ministry
- Meets all camp qualifications
- Has a completed Parent Check List
- Can communicate their needs independently
- Is approved and sponsored by this ministry to attend this event.

This ministry guarantees payment of all registration & other fees in the event this participant’s fees are not paid in full.

MINISTER or YE DIRECTOR SIGNATURE: _____

CAMPER AGREEMENTS

Make two copies: 1 for regional records and 1 for local ministry

If accepted I agree to ...

- * Be kind and polite. [Treat each person the way you want to be treated].
- * Be respectful. [Treat the property of the camp and others with special care.]
- * Listen and follow directions.
- * Be peaceful. [Work out problems using only appropriate words.]
- * Cooperate [Participate in ALL activities.]
- * Ask an adult to help when I need it.
- * Stay in camp. [Honor the boundaries set by the camp and camp counselors.]
- * Follow rules. [Honor the rules of my family group, community and ministry.]
- * Be helpful.
- * Be safe
- * Stay out of the dorms of the opposite gender.

Because we are here to have fun, to love, to learn and grow together, we will follow these agreements. I have read the agreements. I understand my parent(s) may be called to take me home if my behavior is unsafe to myself or others or if I am unable to show respect for myself, the counselors and my peers.

CAMPER SIGNATURE: _____

Yes, my child can meet these agreements. I will come pick up my child if necessary.

PARENT SIGNATURE: _____

Photography Release

I hereby grant the Ministry, Region, Association, and their representatives permission to use, without compensation or restriction, photographs and video recordings (from local and regional Unity events) in which the participant appears, in any manner whatsoever, such as, but not limited to: publication, display, advertising, slide shows, Facebook, and on our website.

PARENT SIGNATURE: _____

KIDS CAMP 2019 MEDICAL INFORMATION and AUTHORIZATION TO TREAT FORM
 Make three copies: 1 for regional records, 1 for local ministry, 1 copy to carry to and from event

Name of Minor _____ Address _____ City _____ State _____ Zip _____

Birth date: Month ___ Day ___ Year ___ Age ___ Male ___ Female ___ Email _____

Name of Parent/Legal Guardian _____ Address if different from minor's address listed above _____ City _____ State _____ Zip _____

Contact info for Parent/Legal Guardian: Telephones with Area Code - home, cell, work _____ Other numbers where I can be reached _____

Alternate contact person if I cannot be reached _____
 Name and Relationship to the minor & Telephone numbers with area code

List all allergies and type of allergic reactions: _____

List any reactions to any medication: _____

List any recent illnesses, operations or injuries which would be helpful to camp staff: _____

The minor currently under health care guidance for: Epilepsy___ Diabetes___ Asthma___ Ear Infections___ Fainting___
 Headaches___ Under Dr's care___ Recent Hospitalization/illness___ Head lice (recent)___ Sleepwalking___ Bed Wetting___
 Seizures___ Tuberculosis___ Heart Defect/Disease___ Counseling___ ADD/ADHD___ *[Please note, camp is the most challenging environment for children with ADD/ADHD.]*

Does your camper have special needs or life circumstances that we should be aware of to make this camping experience positive?

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware. _____

Does your child have an IEP/504 in place? Yes___ No___

Other condition or special care needs: _____ Dietary: _____ Sleep needs: _____

Date of last Tetanus shot _____ Are your child's immunizations current? Yes___ No___ If No or None, explain on back of this form.

Medical Insurance Coverage: _____
 Name of Company & Policy Number OR copy of front and back of card attached to this record

Minor's Physician: _____ Phone: (____) _____

AUTHORIZATION TO TREAT CAMPER - PARENT / GUARDIAN SECTION

My son /daughter has my permission to travel to and participate in this event. I am familiar with and approve the mode of transportation and leadership accompanying my child.

I certify that my son/daughter is in good health and able to participate in all normal activities of the group. Yes___ No___
 If no, what are the limits to their participation? _____

I certify that my child's behavior allows for cooperative participation in various camp settings without disruption to others or compromising their safety or the safety of others. Yes___ No___

When it may be deemed necessary, I authorize the calling of a doctor and/or providing of other necessary medical services and unless covered by insurance, agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of the young people and that I will be notified as soon as possible in case of an emergency. Should the applicant be accepted as a participant I agree to indemnify and hold harmless the group leaders, or any other representative of the Church, or the Church itself, or the Association of Unity Churches responsible in the event of sickness or accident involving _____ no matter how caused.

Signature: _____ Date: _____
 Name of Minor
 Parent/Guardian

Signature: _____ Date: _____

Witness: minister, youth education director, trustee or notary (do not sign until in presence of same)

MEDICATION AUTHORIZATION FORM

**MEDICATION CAN BE GIVEN AT NW Unity Kids Camp
WHEN THE ATTACHED FORM IS COMPLETED AND RETURNED.**

The NW Unity Kids Camp nurse can administer any prescribed or over the counter medications to campers during the time they are at NW Unity Kids Camp providing that:

1.) The medication is accompanied by a written, signed, current and unexpired request from a licensed health professional prescribing within the scope of his or her prescriptive authority.

2.) There exists a valid health reason that makes administration of the medication advisable during the time the child is at NW Unity Kids Camp. It is the policy of the NW Unity Kids Camp to administer such medications only when necessary to permit the camper to attend NW Unity Kids Camp.

Requests will be valid only for the medication(s) listed and the dates indicated on this written request form.

Medications must be supplied in their **original** container with the label indicating the camper's name, the licensed professional's name who prescribed the medication, dosage and instructions for administration.

Prescription medications with up to date, correct, and complete label can be administered per the label directions.

Please have your medical provider fill out the attached form:

ONE FOR EACH MEDICATION TO BE ADMINISTERED AT CAMP.

Camper Name: _____

Parent/Guardian Name: _____

Telephone: Home: _____ Work: _____ Other: _____

MEDICAL PROVIDERS REQUEST

Medication Name and Strength: _____

Dosage: _____

Times of Administration: _____

Reason for Administration (If PRN please include specific criteria for administration): _____

Side Effects: _____

Special Instructions:

I request and authorize the administration of the above medication for the period the child is attending camp as there exists a valid health reason that makes administration of the medication necessary during the time the camper will be at NW Unity Kids Camp. The camp nurse will administer this medication.

PRESCRIBER'S SIGNATURE: _____ TITLE: _____

TYPE OR PRINT NAME: _____ TITLE: _____

DATE: _____

PHONE: (____) _____ FAX: (____) _____

PARENT/GUARDIAN REQUEST

I certify that I am the parent/legal guardian, or person in legal control of the above-named camper. I request and authorize the nurse at NW Unity Kids Camp to administer this medication to the above-named camper in accordance with the prescription and instructions of the authorizing camper's health care prescriber listed above.

PARENT SIGNATURE: _____ **DATE:** _____