

KIDS CAMP APPLICATION PROCESS

Carefully review all 9 pages of this application packet.

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

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

***AND 5.** Medical Providers Request form **IF** medication is required during camp including seasonal allergy relief medication.

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

Pay \$400 with check or money order payable to NW Unity.

Financial assistance is available. Contact Nick Muncie-Jarvis you@unitynwregion.org

***Make copies** of all paperwork before mailing!

Mail to: NW Youth of Unity
6170 NE Beech St
Portland, OR 97213

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,
- ☐ COVID Release Form, and
- ☐ \$400 Payment [\$370 if postmarked by 5/20/24].

Unity Kids 7 through 11 years of age
The Northwest Region Youth of Unity invite you to celebrate with them the
43rd Annual KIDS CAMP 2024
“Building Belonging”

Sunday, June 30th–Wednesday, July 3rd

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.

Counselor Mission Statement: As leaders, we inspire community through fun experiences while fostering a safe and understanding environment.

SPONSORS: Unity Worldwide Ministries Northwest Region with Northwest Region Youth of Unity
Nick Muncie-Jarvis, NW Youth of Unity Consultant
6170 NE Beech St, Portland, OR 97213
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: \$400 [\$370 if postmarked by 5/20/24] includes meals and lodging from Sunday dinner at 5:30 pm through Wednesday lunch at 12 noon, plus T-shirt. In case of cancellation, \$75 will be retained to cover pre-camp expenses.

LOCATION: Camp Cedar Ridge 18062 Keasey Rd, Vernonia, OR 97064 (1.5 miles north of Vernonia, OR).

ARRIVE: between 3-4 pm Sunday. **DEPART:** about 1 pm Wednesday after lunch and closing circle.

MEALS: Are similar to public school lunches. Cedar Ridge staff attempts to meet special dietary needs when requested in advance. They can support vegetarian, vegan, dairy-free, gluten free and any food allergies. Campers may bring some of their own food to supplement.

MESSAGES: *In an EMERGENCY, Nick Muncie-Jarvis’ cell 503-568-1692. As a last option, call the camp 503-429-2801.*

Preparing for Camp (Keep This Sheet)

THINGS TO KNOW:

- The is not a store on grounds; campers need to arrive with all their personal items.
- Leave travel money with the person driving the camper(s) to and from camp.
- Campers will receive their room and family assignment during registration at camp.
- Campers will be housed in 1 of 2 dorms & in 1 of 3 rooms with their camp family.
- Everyone will be assigned to a family of 6-10 people based on age. This is an opportunity for campers to learn about themselves and create new friendships.
- Leave personal electronic devices at home. *Family leaders will use their own musical devices to enhance the atmosphere. If one is need for Spirit Share, it will remain with the counselor until rehearsal time 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)
- ☐ Swimsuit and plastic bag for packing wet items [swimsuit, towel] for trip home
- ☐ Kit with comb, brush, toothbrush, toothpaste, shampoo & soap
- ☐ Sleeping bag, pillow & pajamas
- ☐ Teddy bear or another stuffed friend
- ☐ Sunscreen & bug repellent (optional)
- ☐ 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 and imaginations for a sharing time. The theme and spiritual intent of camp are to be reflected in all acts. Keep this in mind while choosing & preparing the 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 sincere desire to attend and is able to participate in camp activities.

Name of Child

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

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

PARENT/GUARDIAN 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 YOUTHERS (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/GUARDIAN SIGNATURE: _____

Camper Preferred Name (for Name Tag): _____

T-shirt Size (please circle one)

Child sizes: Child Small Child Medium Child Large

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/Guardian 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 a counselor or adult for help when I need it.
- * Stay in camp. [Respect the boundaries set by the camp and camp counselors.]
- * Follow rules. [Respect the rules of my family group, community and ministry.]
- * Be helpful.
- * Be safe
- * Only go into the dorm to which I am assigned.

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)/guardian(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 to pick up my child if necessary.

PARENT/GUARDIAN 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/GUARDIAN SIGNATURE: _____

☐ **Decline to Sign**

KIDS CAMP 2024 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 the event

Name of Minor	Address	City	State	Zip
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Birth Date: _____ Age: _____ Grade Completed : _____ Gender: _____ Email: _____

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

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

I certify that my child 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 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, any other representative of the NW Region Association of Unity Churches, the church itself, or the Association of Unity Churches responsible in the event of illness or accident involving _____ no matter how caused.
Name of Minor

Signature: _____ Date: _____

Parent/Legal Guardian

Signature: _____ Date: _____

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

COVID Release Form

On behalf of myself and my minor child named below, I acknowledge and agree that participation comes with certain risks including, but not limited to: sickness or disease, including COVID-19. I voluntarily, for myself and my child, accept and assume full responsibility for these risks as well as any and all other risks associated with participation in Kids Camp.

Before my child attends, I agree:

1. I understand my child's attendance and participation in the above event can pose a risk of COVID-19 or other contagious or infectious diseases, and if they are a high-risk person, as defined by the CDC, we should take precautions to avoid infection.
2. If my child has recently been exposed to COVID-19, I understand that they may pose a risk to others. I agree that I will not send my child to Kids Camp if:
 - a. They have tested positive for COVID-19 in the 10 days prior to Kids Camp.
 - b. They have had any symptoms of a COVID-19 infection (including cough, shortness of breath or difficulty breathing, or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell), in the 10 days prior to Kids Camp, without having taken a COVID test and received a negative test result immediately prior to Kids Camp.
 - c. A member of their household has tested positive for or is displaying symptoms of a COVID-19 infection, in the 10 days prior to Kids Camp, without my child having taken a COVID test and received a negative test result immediately prior to Kids Camp.
3. Anyone presenting symptoms of COVID-19 at Kids Camp will be isolated and tested for COVID-19. Participants will report any slight or significant symptoms to the Event Coordinator or the designated Wellness person.
4. If a youth tests positive for COVID-19 during the event. A parent/guardian must come and pick them up.
5. In the event that State and/or County Health guidelines require facemasks to be worn, I agree to provide or allow Unity camp staff to provide my child with an appropriately fitting facemask and that my child will wear a facemask at all required times while attending Kids Camp, and understand and acknowledge that my child will not be permitted to stay at camp if they refuse to wear a facemask as required by state or local guidelines.
6. **WAIVER OF LIABILITY/INDEMNIFICATION:** I accept and assume full responsibility for any and all illnesses, damages (both economic and non-economic), and losses of any type, which may occur to my child, and I hereby fully and forever release and discharge NW Region Association of Unity Churches, its employees, officers, directors, and volunteers ("Unity indemnitees"), from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the participation in Kids Camp. I expressly agree to indemnify and hold Unity indemnitees harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, which may arise from illness, injuries or damages sustained by my child.

Child's Name: _____ Date: _____
Parent/Guardian

Parent/Guardian Signature: _____ Date: _____

Witness 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/GUARDIAN SIGNATURE: _____ **DATE:** _____