

Camper Information

Camper's First Name:

	Zip:
No	
Father Only	Other
mation	
State	: Zip:
<u> </u>	
	: Zip:
	State: No Father Only Mation State

Emergency Contacts

Leave Blank if Parents are Emergency Contacts

Name of Emergency Contact #1:
Relationship to Camper:
Emergency Contact #1 Phone Number:
Name of Emergency Contact #2:
Relationship to Camper:
Emergency Contact #2 Phone Number:
Rules, Acknowledgements & Signature
I have read and agree to the MDCAG/MYouth Rules listed below. I will also read these rules to my child/camper.
1] The Myouth and Campground Staff Are responsible for, and have authority over, everything during his week. Staff has the authority to dismiss any volunteer or camper for violation of camp policy.
2] Every person is required to conform to the daily camp schedule.
3] Tobacco, alcohol, illegal drugs, vaping, or crude, obscene language is forbidden.
4] No one is allowed to leave the camp grounds without the permission of the DYD.
5] Sickness and injury should be reported to staff and camp medic immediately.
6] Males & Females are forbidden to enter each other's dorms and designated areas at any time. No one is allowed out of the dorms after lights out without permission.
7] Campers are not allowed to bring fireworks, weapons, any entertainment electronics (CD players, games, eto tablets, bikes or skate boards. These items will be confiscated and returned at the end of the week. Music speakers are only allowed in the chapel building.

8] Modest dress is required by all attending camp. Two-piece bathing suits showing a bare midriff are not allowed, nor are short shorts (shorts must extend to the length of the wearer's fingertips), tubetops, spaghetti straps, clothing showing bare midriff, clothing displaying immoral slogan, pix, etc. Males are to wear shirts at all times except when swimming. Any faculty has the authority to ask campers to change into more appropriate clothing.

- 9] Visitors are only allowed with DYD authorization; Gates are locked otherwise. Exceptions can be made for parents and special activities such as baptisms. All visitors are required to abide by all camp ru les and schedules. They must sign in at the dining room immediately upon arrival and receive a "visitor pass" to be worn at all times while on the grounds.
- 10] All camper's automobiles will be parked in designated areas and keys turned into the camp office for the duration of the week.
- 11] Everyone is required to follow the pool rules and the Life Guard on duty has authority over all campers & faculty during swim times.
- 12] No food, gum, or non-water drinks are to be brought to camp by campers. No food or drink, except bottled water, is allowed in the dorms!
- 13] Campers may be held financially responsible for any vandalism or damage to camp property.
- 14] MDCAG/MYouth reserves the right to refuse admission to anyone, and reserves the right to expel any faculty or camper found disregarding the rules or behaving in a manner that is inappropriate, sexual, or demeaning towards themselves or others. Harassment, intimidation and bullying of any persons is not acceptable as Christian behavior and will be disciplined accordingly. This means verbal, physical, emotional, and sexual.

I agree to allow my child's picture be used for camp promotions.

MDCAG/MYouth assumes the right to use photos taken by camp staff wherein your child appears for official camp promotion unless you contact the camp manager before your child attends.

I agree to MDCAG/MYouth refund policy.

Refunds: Only 1/2 of registration fee will be refunded and must be requested at least 2 weeks ahead of camper's arrival date.

I understand that I am responsible for my camper's camp fees.

Parents/Guardians/Church are responsible to pay registration in full prior to or when camper arrives at camp.

I understand MDCAG/MYouth camper cell phone policy.

All cell phones and electronic devices will be collected at registration and put in locked safe to be distributed at the end of the week. Please do not encourage your student to keep or hide their cell phone. Campers may be sent home if found to have their phone that was not turned in.

Illness Policy

I understand that any interaction with the general public poses an inherent risk of exposure to illness. By sending my camper to MYouth Camp, I am voluntarily assuming all risks related to exposure (ex: communicable diseases

such as MRSA, influenza, and COVID) to my child from the activities involved in this program could be considered significant.

Parent/Guardian Signature

By signing below,

I hereby agree to the MDCAG/MYouth Rules and acknowledgements listed above and give permission for this camper to attend MDCAG/MYouth and will in no way hold the camp responsible for any accident that might befall the camper caused by negligence or disobedience on the camper's part. I give permission to the designated camp medical personnel (MDCAG/MYouth does not have a certified doctor or nurse on staff) to administer camper meds, OTC drugs, or first aid as they deem necessary. In an emergency, camp personnel may choose a doctor and hospital to care for any serious accident or illness and will make normal efforts to contact me as soon as possible. Child attends at their own risk.

MDCAG/MYouth assumes NO financial responsibility.

I, the undersigned, agree to the terms above.

Camper's insurance company will be billed for any medical treatment.

Date o	f Signature:
Piease	send this entire form along with a check to MDCAG You may need to use extra postage.
	Contact Juan Murillo at 816.694.5839 or email <u>juanmurillo@live.com</u> with questions.
	Medical Record
	Medical Record must be filled out and signed by parent/guardian for child to attend camp!
Campe	er's First Name:
Campe	er's Last Name:
Date o	f Birth:
Does c	amper have any chronic illness or allergies the camp should know about (asthma, heart condition

Please list any medications camper is now taking or may have in their possession. ALL medication must be turned in to the camp at time of registration/check-in. It must be in original container with camper's name,

name of medication, dosage, etc. on the bottle. Use back of sheet if necessary.

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nsurance Company:		
Family Physician:		-
Physician Phone Number:		
Please list any food allergies:		
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MDCAG/MYouth will attempt to accommodate child's menu as best we can but we will not guarantee complete protection from any food allergies.