

2022 CAMP KATERI TEKAKWITHA FAMILY CAMP II SPECIAL NEEDS

June 17–19, 2022

Held at: Prairie Star Ranch 1124 California Road, Williamsburg, KS 66095

Email form to: jruoff@archkck.org or Mail to: Camp Tekakwitha, c/o Josh Ruoff, 12615 Parallel Pkwy, KC, KS 66109
Forms are needed early to prepare for our special needs campers. Return by May 23, 2022.

CAMPER DETAILS FAMILY CAMP II SN

Please complete all 7 pages of this registration form

CAMPER: _____ M/F DOB _____ Age: _____

CAMPER: _____ M/F DOB _____ Age: _____

CAMPER: _____ M/F DOB _____ Age: _____

CAMPER: _____ M/F DOB _____ Age: _____

CAMPER: _____ M/F DOB _____ Age: _____

CAMPER: _____ M/F DOB _____ Age: _____

CAMPER: _____ M/F DOB _____ Age: _____

CAMPER: _____ M/F DOB _____ Age: _____

CAMPER: _____ M/F DOB _____ Age: _____

Camper Parent Email: _____ Camper Parent Cell: _____

Camper Parent Parish/Parish City: _____

Emergency Contact: _____ Cell: _____

ER Contact Person Relation to Camper: _____

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

Acknowledgment of Risks: I consent for myself and/or my child to participate in all camp activities at the above referenced camp session organized and sponsored by the Archdiocese of Kansas City in Kansas and acknowledge that my/my child's participation in these activities is voluntary. I understand that there are inherent risks associated with participation in these activities. Specific camp activities may include, but are not limited to horseback riding, high ropes challenge, power and stunt kiting, canoeing, hiking, rock climbing, rappelling, basketball, soccer, swimming, technical tree climbing, group party games, archery, volleyball, mountain biking, mountain boarding and camping and other indoor and outdoor camp activities.

I understand that risks associated with the activities specified above include but are not limited to dehydration, sunburn, tripping, falling, drowning, concussions, sprains, abrasions, broken bones, and other injuries.

I understand that equipment such as harnesses, ropes, helmets, personal flotation devices, rafts, and ziplines may fail or may not function appropriately.

I understand that environmental hazards could be experienced such as inclement weather, severe weather, lightning, hail, allergies, and dangerous animals and insects.

I understand that participating in camp could expose me and/or my child to infection, communicable diseases, food-borne illnesses, and epidemics, including but not limited to COVID-19.

RISKS ASSOCIATED WITH CORONAVIRUS/COVID-19: The Archdiocese is following guidance from the Centers for Disease Control, Kansas and local Health Departments and other agencies, and has implemented social distancing measures, increased hand-washing and other hygienic practices, and frequent cleaning of common surfaces. **Despite such precautions, the risks associated with transmission of COVID-19 remain high.** Individuals travel from all over the region to participate in camp. In addition, the nature of most camp activities makes it difficult to observe all of the recommended precautions at all times; for example, individuals will not always be six feet apart and as allowed by the relevant reopening orders, infrequent and incidental moments of closer proximity and contact are likely to occur, and surfaces may not always be free of viruses and other infectants, etc. **As a result of participation in camp activities and proximity to other participants, you or your child may be exposed to the risk of infection of communicable diseases, including COVID-19.**

I understand it is impossible in advance to specify all known and unknown risks that may arise from participation in these activities. I further understand that these risks may entail serious injury, loss, property damage, infection, sickness, disease, and even death. Nevertheless, I want myself or my child to have the opportunity to participate in the activities sponsored by the Archdiocese, and this Activity Release and Waiver is given in exchange for that opportunity. I fully acknowledge and assume all risks arising from or in any way connected with my or my child's participation in camp activities.

POSSIBILITY OF CAMP CLOSURE: I understand that the operation of this camp and the ability to offer camp sessions is subject to the regulations and various health and operational orders of the Federal State and local government agencies, and further understand that changes to the current operational status of the camp could occur which would necessitate the cancellation of some or all camp sessions. I understand that depending on the conditions and timing of any necessary cancellation, I may forfeit some or all of the camp fees paid, with the minimum amount being the \$100 non-refundable deposit.

WAIVER, RELEASE, AND INDEMNIFICATION:

I, individually, or in my capacity as parent/guardian of my child, hereby waive, release, indemnify, and hold harmless the Archdiocese of Kansas City in Kansas and/or any of its constituent organizations, agents, ministers, employees, contractors, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, arising from or in any way connected with camp activities, including travel associated with these activities, and that involve any injury, loss, property damage, infection, sickness, and death to me, my spouse, my child, my property, or the property of my child. I HEREBY ACKNOWLEDGE AND EXPRESSLY AGREE THAT THIS WAIVER, RELEASE, AND INDEMNIFICATION APPLIES TO CLAIMS ARISING OUT OF THE RELEASED PARTIES' OWN NEGLIGENCE, but does not apply to claims of criminal conduct, gross negligence, or intentional acts.

I have read and I understand this Activity Release and Waiver. By signing, I warrant that I have the legal power, right, and authority to make this agreement and to bind myself or my child hereto. I have signed this Activity Release and Waiver voluntarily and of my own free will.

Participant's Name

Participant's Date of Birth

Signature of Participant or, if under 18, Signature of Parent/Guardian

Date

Signature of Custodial Parent (if applicable)

Date

PHOTO RELEASE

I hereby authorize the Archdiocese of Kansas City in Kansas, and its agents to utilize my child's photographic or video image for the specific purpose of publication of Archdiocesan events (including promotional materials). In giving my consent, I hereby release and hold harmless the Archdiocese and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph of me or my child be used.

Signature of Participant or, if under 18, Signature of Parent/Guardian

Date

Please complete the following information for your child with a disability.

Completing this information will help Camp staff be prepared to assist you and your child as best they can during the day. On the day of the event, recommended restrictions due to the COVID-19 virus may limit the type or amount of assistance provided.

Name: _____ DOB: _____

Learning/Communication:

How do you learn best?

- Touch
- Sight
- Hearing
- Music
- Arts/Crafts
- Other

Is a visual schedule helpful to you?

- Yes – Pictures Only
- Yes – Pictures and Words
- Yes – Words Only
- No – a visual schedule is not helpful

Do you use a communication book or electronic communication device?

- Yes, _____
- No

Personal Hygiene/Toileting

Do you need assistance with any of the following?

- Remembering to use the toilet
- Needing assistance to use the toilet
- Eating/Drinking
- Menstruation management
- I do not need assistance with any of these
- Other _____

If you need assistance with any of the above, please briefly explain:

Disability:

Describe your disability:

Social Interaction:

Please check any of the following that are a challenge for you.

- Working with others
- Sharing
- Expressing affection
- Strong emotional attachments
- Stubbornness
- Non-compliance
- Overly affectionate/sexual interests/forwardness
- Crying
- Anger/Temper Tantrums
- Hitting Self or Others
- Frustration
- Disappointment
- Jealousy
- Coordination
- Tires easily
- Fears (please describe)_____

If you experience emotional or behavioral difficulties, describe the supports/interventions that work best in restoring a sense of calm.

Mobility:

If you walk, are you stable on uneven surfaces (gravel, steps, inclines, declines, grass etc.)?

- Yes
- No

If no, please briefly describe level of support needed:

Do you require special positioning in/out of a chair or wheelchair?

- Yes
- No

If yes, please briefly describe:

Do you wear AFO's, prosthetics, or braces that will need to be removed or adjusted?

- Yes
- No

If yes, please briefly describe:

Do you have seizures?

- Yes
- No

If yes, please briefly describe:

Will you require medication and/or any medical procedures during any part of the day for which you would like assistance from a nurse?

- Yes
- No

If yes, please describe:

Please add any additional information that may be helpful:

Thank you!

Family Special Needs Camp Dietary Restriction / Allergies

Please complete the following information for each family member with special dietary needs, restrictions or allergies.

Name	Dietary Needs	Restrictions	Allergies