

# CAMP TEKAKWITHA FAMILY CAMP II SPECIAL NEEDS 2026

June 12-14, 2026

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

Email copy of form to: [jruoff@archkck.org](mailto:jruoff@archkck.org) or Mail to: Josh Ruoff, 12615 Parallel Pkwy, KC, KS 66109

by May 1, 2025 - Forms are needed early to prepare for our special needs campers.

Also bring forms to camp with you to turn in at check in.

## **CAMPER DETAILS FAMILY CAMP II Special Needs**

CAMPER: \_\_\_\_\_

M/F DOB \_\_\_\_\_ Age: \_\_\_\_\_

Camper Parent Email: \_\_\_\_\_

Camper Parent Cell: \_\_\_\_\_

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

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.

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.

**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.

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Participant's Name

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Participant's Date of Birth

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

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Date

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Signature of Custodial Parent (if applicable)

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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.

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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.**

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