



Midlands Mission Center  
2008

# Youth Quest KS

For children who have completed **K - 5<sup>th</sup>** grades  
**Monday, July 14<sup>th</sup> - Wednesday, July 16<sup>th</sup>**  
**Director: Vickie Pinkerton & Leslie Talman**

**Drop Off: Monday, July 14 6:00pm**

@ 3500 S. Webb Road, Wichita, KS

**Pick Up: Wednesday, July 16 4:00pm**

@ 3500 S. Webb Road, Wichita, KS


This camp is a perfect opportunity for a short get-away and still get the 'camping' experience with lots of fun and worship. This is a great place to start making friends in our mission center community and with our Lord Jesus Christ.

**Fees: \$50.00** 

Full camp fee is due by July 14 @ 6:00pm

**Space for this camp is limited!  
Get your Registrations in early!**



 **Early bird Discount:** Register with a \$15 deposit prior to **May 30, 2008** and get a \$10 discount.

# Camp Registration Information

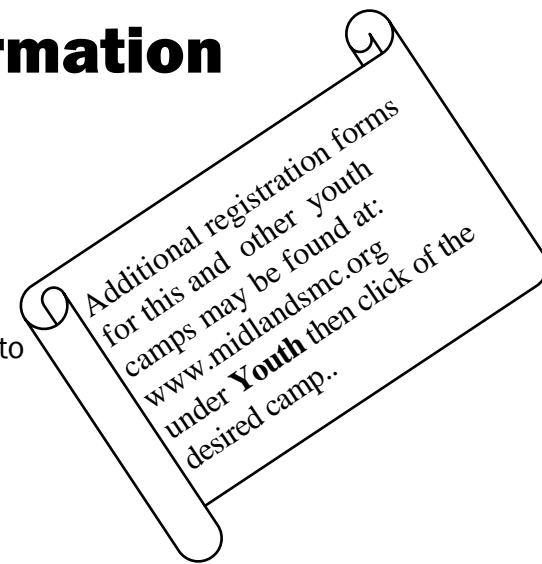
Please make check or money order out to:  
**Midlands Mission Center**

*Please do not send cash through the mail!*

## Registration deadlines:

Please send deposit and registration forms for ALL CAMPS you wish to attend by the deadline specified to:

**Midlands Mission Center  
Camp Registration  
10015 N. Ambassador Dr, Ste 200  
Kansas City, MO 64153-1499**



- Each Camp registration must be accompanied with either the deposit or the full fee.
- Any Balance that is left will be due on the first day of camp.
- Each camper who is being sponsored by a congregation must be approved and their registration form signed by the Congregational Financial Officer.
- After a registration for Youth Camp is received at the office, a camper/parent information packet will be mailed out.
- Refunds for youth camps are available, less a \$15 fee, if notification is made to Midlands Mission Center Office prior to June 1, 2008. As of June 1, 2008, no refunds will be available.

*For additional information or registration forms please call the Midlands Mission Center office at 816-221-4450 or toll free 877-221-4450.*

## **\*\* MAKE PAYMENTS \*\***

After receiving your registration & deposits you will be registered for the camp. At any time you may make additional payments by mailing your check to the MMC Office. Please be sure to specify to which camper and camp the additional payment is to be applied. The balance will still due by the start of camp.

# Financial Aid and Scholarships Information

## Congregational Scholarships

Many of the Midlands Mission Center congregations offer scholarships. The amount of the scholarship will vary by congregation. If you need financial assistance please contact your local Congregational Financial Officer (CFO).

*You must have the CFO's approval and signature on your registration form to receive the discount on registration fees.*

# Midlands Mission Center **Youth Quest KS** Registration Form

Please send this complete form to: **Midlands Mission Center**  
10015 N. Ambassador Drive, Ste 200  
Kansas City, MO 64153-1499

Or by facsimile to: **(816) 221-1420**

For additional information or answers to questions, please call the Midlands Mission Center office toll free at 877.221.4450, local call to 816.221.4450 or visit [www.midlandsmc.org](http://www.midlandsmc.org).

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City ST/Province ZIP/Postal Code

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent(s) or Legal Guardian(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Total Cost: \$60** Deposit Paid: \_\_\_\_\_

 Early Bird Cost: \$50

**Congregational Scholarship:** Y or N

Amount of Scholarship: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Congregational Financial Officer*

**Balance Due:** \_\_\_\_\_

(balance is due by activity start date)

Home Congregation: \_\_\_\_\_

Please  one:  Member or  Friend

Gender:  Male or  Female

Date of Birth: \_\_\_\_\_

Grade Completed in School: \_\_\_\_\_

Tee Shirt Size: \_\_\_\_\_

## Medical History

(Please attach a photocopy of health insurance card.)

Are you allergic to any foods, medications, etc.? Yes\* or No (\*Please explain)

Are you presently under a physician's care for any acute/chronic medical condition(s)? Yes\* or No (\*Please explain)

Are you currently taking any medications? Yes\* or No (\*Please explain) \_\_\_\_\_

Do you have any physical restrictions or emotional, medical or psychological conditions that need special attention? Yes\* or No (\*Please explain)

Have you recently been exposed to any contagious diseases? Yes\* or No (\*Please explain) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dr. Office Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Next of Kin/Friend: \_\_\_\_\_ Phone: \_\_\_\_\_

# Youth Activities Policies

Parents & Participants please read the following policies and guidelines and sign below

## Every camper **must** have their fees, forms, and parental signatures.

Every camper must have their registration forms, health forms, release forms and fees paid **before** they attend camp.

## We hold a **CLOSED CAMP** policy.

A "Closed Camp" means staff and campers must remain at the activity or camp site for the duration of the camp. No visitors are allowed. Frequent coming and going is very disruptive to community building and the spiritual commitment of the camp. Therefore, a camper's attendance is very important. Our activities are designed for personal and spiritual growth. Exceptions are made only with prior agreement with Midlands Youth Ministries or extreme circumstances, such as medical conditions and family emergencies. For ethical and legal reasons, any camper leaving camp is asked to notify Midlands Youth Ministries. Campers are not allowed to arrive late without making prior arrangements. All special arrangements must be made at least one week prior to event/activity/camp with the exception of emergency.

If students drive themselves to an activity, their keys will be held during the activity by the Camp Director or designated staff.

## **NO Alcohol, tobacco, and drug use is allowed.**

Without exception, all medications are to be given to the camp nurse or designated staff for dispensing and safekeeping. Some medications may be approved by the camp nursing staff for the camper to keep with them.

## **NO possession or use of firearms, fireworks, or explosives allowed.**

## **NO sexual activity.**

A policy of sexual abstinence will be enforced. All campers and staff are called to be aware of other's personal space and comfort while at camp. If you are unsure of someone's comfort level, then ask.

## **All are expected to exercise stewardship of self.**

Do NOT put down, make fun of, threaten, pull pranks on, use abusive language or use physical violence towards any other camper or staff member. Swearing, ridicule, and sexual innuendo disrupts the Christian environment of camp. Concern for people's feelings is crucial to grow with each other. Language can be expressive and prophetic or devastating and hurtful. We ask all to use stewardship with language.

## **Be aware of what you wear.**

Camp is not a fashion show so please leave "club'in" clothes at home. This means no revealing clothes or strapless tops. Clothes that have alcohol, cigarette ads or harsh words on them stay at home. NO bikinis or sagging shorts are allowed. You will be asked to change clothes or pull them up if they are not appropriate. We try to adhere to school dress codes.

## **Personal electronics are potential contraband.**

Use of these devices are at the camp directors discretion. This includes but is not limited to CD players, Personal gaming systems, Cellular phones, Ipods, radios and PDAs. If you don't know if they are allowed or when, please ask.

## **Campers are responsible for their valuables.**

We discourage campers from bringing valuables, such as large sums of money, expensive jewelry, or electronic items to camp.

**I, the undersigned, have read and consent to the policies specified on this form.**

Participant

Date

Parent/Legal Guardian

Date

## **Statement of Consent and Release**

### **Permission for Medical Treatment**

I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

### **Photo Release**

In consideration of the right of the applicant to participate in this activity, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I waive all right of privacy in and to any said photographs or videotapes.

### **Activity Consent**

I specifically consent to the applicant's participation in activities offered by this event, including but not limited to camping, boating, canoeing, swimming, hiking and sporting events. I have deleted any items from the preceding list to which I do NOT give consent for participation. I certify that the applicant has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). **I specifically do NOT want the applicant to participate in the following activities** (please list):

\_\_\_\_\_

### **Liability Release**

The undersigned parent, legal guardian, next of kin or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Midlands Mission Center, Community of Christ for participation in this event, we, being 21 years of age or older, do for ourselves (myself) (and on the behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge and agree to hold harmless the camp and the Community of Christ and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the child-participant that occur while said child participating in this event. Furthermore, we (and on behalf of my child-participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreating the work activities involved therein. Further, authorization and permission is given to said organization to furnish any necessary transportation, food and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees and agents for any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. **A parent/guardian must sign release. Only applicant 21 years of age or older may sign for themselves.**

I, the undersigned, have read and consent to the rules, guidelines and releases specified on this form.

Participant (if over 21 years of age) Parent/Legal Guardian/Next of Kin

Date