



# CAMP HIAWATHA 2017 VOLUNTEER Registration

1601 W. 51st Street N., Wichita, KS 67204  
316-838-7871



1. Turn in completed form to church sponsor. Complete background check if one is not on file with South Rock Christian Church.
2. Volunteer hours for camp vary slightly from actual camp "drop off and pick up" times. Please watch for emails for further details and information, contact shondak@southrockchristian.com if you have any questions.
3. For information regarding camper expectations, what to pack and to meet parents you are invited to attend the Parent Information Meeting scheduled to be held on July 2nd at 12:00 pm at South Rock Christian Church.
4. ALL Volunteers should plan to attend Volunteer Training: July 8th Time to be announced

I AM VOLUNTEERING FOR: (mark all that apply)     Day- K & 1st grade (July 16th)     Kids- 2nd grade (July 16-17)     Junior- 3rd, 4th and 5th grade (July 18-21)  
 additional night for 5h graders through July 21at 10 AM

Please describe any additional details regarding times/days available or unavailable: \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Address** \_\_\_\_\_ **Date of Birth (MM/DD/YY)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Background Check Completed:** YES NO

**Home Phone ( )** \_\_\_\_\_ **Cell Phone ( )** \_\_\_\_\_ **FOR YOUTH AGE SPONSORS:** UNSURE

**Email** \_\_\_\_\_ **Grade in School in Fall 2017:** \_\_\_\_\_

**Church attending with** \_\_\_\_\_ **Immersed Believer:** YES NO

**Position(s) volunteering for:** \_\_\_\_\_ **T-Shirt Size (Adult) S M L XL XXL**

## PERSONAL/MEDICAL INFORMATION & RELEASES

ANSWER ALL QUESTIONS. USE BACK TO EXPLAIN "YES" ANSWERS.

Have you ever been accused of, charged with, and/or convicted of child abuse, molestation, or any other sex offense? **YES NO**

Have you ever been arrested for and/or convicted of any crime? **YES NO**

The above is true to the best of my knowledge. I understand and agree that, to the extent permitted by KS law, SRCC and/or Camp Hiawatha may secure information regarding my criminal history, if any. I am a committed Christian, and will do my best to conduct myself in such a manner as not to tarnish the name of Christ or the ministry of SRCC or Camp Hiawatha.

Have you ever or do you currently have:

- |   |            |           |
|---|------------|-----------|
| 1. Heart problem?                             | <b>YES</b> | <b>NO</b> |
| 2. Chest pains?                               | <b>YES</b> | <b>NO</b> |
| 3. High blood pressure?                       | <b>YES</b> | <b>NO</b> |
| 4. Faint or severe dizziness?                 | <b>YES</b> | <b>NO</b> |
| 5. Operations or serious injuries?            | <b>YES</b> | <b>NO</b> |
| 6. Arthritis, joint, back problems?           | <b>YES</b> | <b>NO</b> |
| 7. Epilepsy?                                  | <b>YES</b> | <b>NO</b> |
| 8. Diabetes?                                  | <b>YES</b> | <b>NO</b> |
| 9. Dietary restrictions?                      | <b>YES</b> | <b>NO</b> |
| 10. Limited activities by doctor?             | <b>YES</b> | <b>NO</b> |
| 11. Allergies?                                | <b>YES</b> | <b>NO</b> |
| 12. Disabilities or chronic illness?          | <b>YES</b> | <b>NO</b> |
| 13. Are you taking medications?               | <b>YES</b> | <b>NO</b> |
| 14. Date of last tetanus booster? (M/Y) _____ |            |           |

## RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATMENT

I am aware that during participation in activities at Camp Hiawatha certain risks and dangers may occur. These include, but may not be limited to, the hazards of being in a rural area, the forces of nature, and other reasons because of the content of some of the activities offered. I am also aware that completing this form does not guarantee that my minor camper/volunteer or I will be allowed to participate in all of the offered activities. In consideration of these activities and a special environment, I do hereby assume all risks and will hold SRCC and/or Camp Hiawatha and its staff and volunteers blameless from any and all liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my minor camper/volunteer's or my participation in any activities arranged for me by SRCC and/or Camp Hiawatha. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family. In case of accident or illness, Camp Coordinators will attempt to provide first aid and arrange transportation to medical services if needed. Cost of medical care beyond first aid is the financial responsibility of the ill or injured person. I assume full responsibility for my minor camper/volunteers or my health being such that the activities will in no way aggravate any conditions present. I declare the statements on this form to be true. I also agree that my minor camper/volunteer or I will follow the camp rules determined by the Camp Coordinators and/or by Camp Hiawatha and that I may be requested to take my minor camper/volunteer home or to leave camp for violation of camp rules; and I authorize Camp Coordinators to seek necessary emergency treatment for myself or my minor camper/volunteer.

\_\_\_\_\_  
Signature of Volunteer \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if volunteer is a minor. \_\_\_\_\_  
Date