

2021 Camp Schedule

(revised 1/21/21)

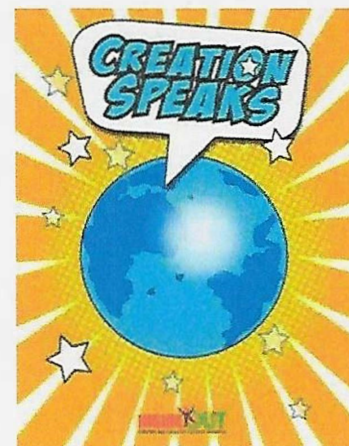
Fee includes: lodging & meals, program, nurse; t-shirt, water bottle, snacks, and camp maintenance.

Camp photos available for download one week after camp at www.tawakoni.org/camp-photos

Registration opens February 1

Theme Stories include:

- ◇ Invited by Light, Gen. 1:1-5
- ◇ Refreshed by Water, Gen. 1:6-8
- ◇ Shaped like Earth, Jer. 18:1-10
- ◇ Moving through, Gen. 1:14-19
- ◇ Kinship with Animals, Gen. 1:20-25
- ◇ Purpose for Humanity, Gen. 1:26-31
- ◇ Inspired by Creation, Gen. 2:1-3



Camp Session	Date	Age/Grade (completed)	Max Enroll	Full Price	Reduced Fee*
CYF Conf - Alpha	June 21-25 (Mon-Fri) 1 p.m.—10 a.m.	9-12	25	\$350	\$245
CYF Conf - Omega	July 6-10 (Tues-Sat) 1 p.m.—10 a.m.	9-12	50	\$350	\$245
Pre-High	July 12-16 (Mon-Fri) 1 p.m.—10 a.m.	8 Only	25	\$350	\$245
Chi Rho	July 12-16 (Mon-Fri) 1 p.m.—10 a.m.	6-7	25	\$350	\$245
Junior	June 14-18 (Mon-Fri) 1 p.m.—10 a.m.	4-5	25	\$350	\$245
Primary	June 30-July 2 (Weds-Fri) 1 p.m.—10 a.m.	2-3	25	\$255	\$180
Discovery	July 1-2 (Thurs-Fri) 1 p.m.—10 a.m.	K-1	25	\$145	\$180

* 2021 fees reflect an increase in the first price column and an automatic 30% scholarship in the second column. A full week, which costs \$350, will be reduced to \$245 for 2021 only. There is no early-bird discount. Additional scholarship help is available for families who have need.

SPECIALTY CAMPS

KCYF Mission Week June 6-11 (Sun-Fri) Grades 8-12 Tawakoni, Augusta \$ 350 (max. 20)
Group will work to create a new Canteen at the camp!

Grand Camp 1 June 18-20 (Fri– Sun) All Ages (max. 25) 1:00 pm—10:00 am Adult \$ 150/ \$105
Child \$ 90 / \$63 reduced
Grandparents and their grandchildren share camping experiences together!

Grand Camp 2 June 22-24 (Tues-Thurs) as above... (max. enrollment 25)

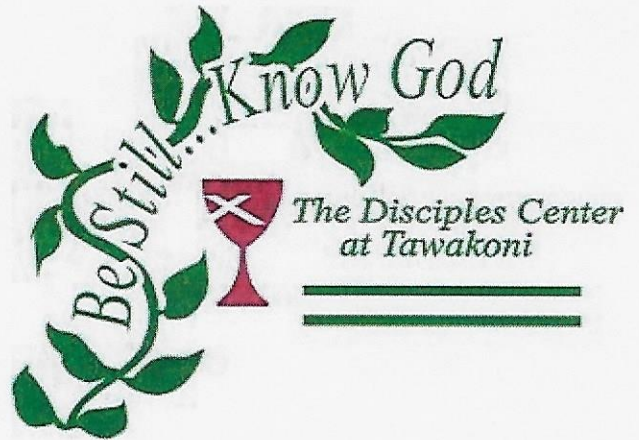
* Scholarship fund will reduce each fee by about 30%

COVID-19 Reminder: We plan to meet in-person at Disciples Center. Face masks and social distancing precautions will be expected of all participants. If health authorities indicate it is not wise to hold camps we will move events online and refund registration fees.

Cancellation Policy: over 30 days prior to event = full fee less \$25 handling fee; 15-30 days prior = 50% refund; 7-14 days prior = 25% refund; 6 days prior or no-show at event = no refund.

Detailed information will be available in your church office, OR, check the region's [website—www.kansasdisciples.org](http://www.kansasdisciples.org).

KCYF Mission Week 2021



Date: June 6-11 (Sunday-Friday)

Where: Disciples Center at Tawakoni, Augusta

Focus: **Camp Projects** including work on a new Canteen near the pool.

Fee: \$350 - includes meals, lodging, materials and any "special events"

Enrollment: Use the Camp enrollment form with Health Form or register online, kansasdisciples.org.

Maximum group: 20 youth (grades 8 - 12). **Deadline is April 30.**

Sponsors are being recruited—if your group has an adult who wants to participate, ask them to please call **Sharon Bullock, 913-370-0845.**

Housing provided at the camp

COVID protocols including wearing a mask will be expected.

Directors: Joe & Sharon Bullock

Information: Contact Steve Martin, smartin@kansasdisciples.org

Or call Topeka office, 785-266-2914



2021 REGISTRATION FORM (black or blue ink only)

FOR OFFICE USE ONLY:

Date Rec'd _____
District _____
Amt Rec'd \$ _____
Schlp: \$ _____
Check # _____
Cancel. Date _____
Amt. Refund _____

Camp Session _____ Camp Date _____

**Cancellation Policy: over 30 days prior to event, full fee less \$25 handling fee; 15-30 days prior, 50% refund; 7-14 days prior, 25% refund; 6 days prior or no-show, no refund.
Registration fee does not include transportation to or from camp unless otherwise noted.**

CAMPER NAME:

(Print) Last First Middle Initial

Address: _____

Street/Box Number

City

State

Zip

Preferred Telephone: (_____) _____ Birthdate: _____ Age: _____

(circle one) home or cell

School Grade completed (spring 2021): _____ GENDER: _____

Parent/Guardian E-Mail _____ Parent/Guardian Cell-Phone _____

Go Green! _____ **Check here if you wish to receive Welcome Letter and other camp info via email!**

HOME CHURCH: _____ CITY: _____

T-shirt Size: Youth: S M L

Adult: S M L XL XXL

Camp photographs are sometimes used in publications, social media applications, and on the website of the Christian Church in Kansas (CCK). _____ Check here to allow photos of your child.

Check if this is your camper's first, ever, summer camp experience. _____

Check below that you understand:

_____ **CAMPERS ARE EXPECTED TO ARRIVE ON TIME, (not late or early) AND TO STAY FOR THE ENTIRE SESSION. EXCEPTIONS MUST HAVE WRITTEN APPROVAL FROM THE DIRECTOR TWO WEEKS BEFORE CAMP BEGINS.**

Pastor / Church Leader: Please comment on the camper with any pertinent information:

Signature of Pastor/Authorized Church Leader

Share information about your camper that we need to know for a good camp experience. **Include any accommodations needed.**

I hereby give my permission to allow minor camper named above to attend the event named on this form.

Signature of Parent/Guardian, if camper is a minor

**Send completed registration form, health form and appropriate fee to:
Christian Church in Kansas, 2914 SW MacVicar, Topeka KS 66611 1787.**

12/17/20

Registration without full fee is incomplete!

CAMP HEALTH FORM

(To be completed by parent/guardian if participant is a minor)

Name: _____ Weight: _____ Height: _____ Gender: _____

PART I - Is the camper in general good health and able to participate in all normal camp activities:

____ YES ____ NO If not, please explain _____

Date of last complete physical examination: _____

Immunization: Date of last Tetanus shot _____

Health Concerns:

Food Allergies: please list these, OR, share details in an email to: cck@kansasdisciples.org, OR, call 785-266-2914

Allergic to: ____ Penicillin; ____ Sulfa; ____ Insect Stings; ____ Poison Ivy; ____ Latex

Subject to: ____ Bedwetting; ____ Asthma; ____ Convulsions; ____ Skin Rash; ____ Fainting

Recent surgery: _____

Recent exposure to communicable disease: _____

Heart Disease: _____ Athlete's Foot: _____

Vision (check one): ____ eye-glasses ____ contact lenses

Information Camp Director should have: Additional volunteer staff may be needed to provide adequate supervision for any special needs. Camper may need to be sent home if sufficient information is not provided in this space. _____

Physical limitations: _____

Mental limitations: _____

Emotional stress: _____

Behavioral disorders: _____

Medications: If parent/guardian sends any medications, it is required to be in the original container, with name and instructions printed on the original container. **NO PILL BOXES please!** ____ Parent-check this is understood. If applicant is on any regular medication, state drug and dosage: _____

Applicant may have: ____ Acetaminophen ____ Ibuprofen ____ Aspirin ____ Antihistamine

Sleeping concerns? _____

Swimming ability: ____ Non-swimmer ____ Beginner ____ Intermediate ____ Advanced

Part II - Person to notify in case of emergency:

Name: _____ Relation to Applicant _____

Phone (Home) _____ (Business) _____ (Cell) _____

Physician - Name _____ Phone _____

HEALTH CARE POLICIES

The medical payments provided to participants is written on an excess basis. This means that if the injured party has other valid coverage that coverage would be primary and the Christian Church in Kansas would pay in excess to that other insurance. If there is no other coverage, then the Christian Church in Kansas coverage would be considered primary. Accidents that occur at any event or activity (on or off premises and including the use of boats) are covered.

Part III - Health and Accident Insurance: Please send a copy of the Insurance Card and provide the following information:

Name of Company _____

Policy Number _____

Part IV - In case of accident or illness: I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for (name of applicant)

Signature: _____ Date: _____