

# REGISTRATION FOR INTERGENERATIONAL HANDBELL CAMP JULY 8-12, 2012

Kipp Willnauer, Camp Director willnauk@yahoo.com Chuck Ford, Registrar chaztrpt@aol.com

Please print out this form, send it with your deposit to Chuck Ford. (Make a copy for your records.)

**Handbell Camp, Chuck Ford, 2231 SW Wall Street Blue Springs, MO 64015 (816) 228 7596**

## Registration Information:

Camper's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
Email and/or phone \_\_\_\_\_ Youth \_\_\_ or Adult \_\_\_  
I would like to room with \_\_\_\_\_ (up to three per room in all rooms)  
Years ringing chime/handbells \_\_\_\_\_ Which bells –usually \_\_\_\_\_ Year at school \_\_\_\_\_  
Years at Handbell Camp \_\_\_\_\_ Last Year I was at camp \_\_\_\_\_ My director was \_\_\_\_\_  
What bells would you like to play? \_\_\_\_\_ Do you regularly: 4-in-hand \_\_\_\_\_ Shelley \_\_\_\_\_  
As a ringer, are you a: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Intermediate Plus \_\_\_\_\_ Advanced \_\_\_\_\_  
List some handbell titles and AGEHR Level # your choir has performed: \_\_\_\_\_

Do you read treble clef? \_\_\_\_\_ Do you read bass clef? \_\_\_\_\_  
Do you solo ring? \_\_\_\_\_ Do you play bass bells? \_\_\_\_\_ How many octaves does your Choir play? \_\_\_\_\_  
List other instruments you play \_\_\_\_\_  
Could we borrow equipment for camp? (Email Kipp) Would you be interested in teaching? (Email Kipp)  
Would you be interested in helping or leading devotions? (email Kipp)

## Camp Costs:

Early Bird Registration with 50% postmarked by May 1, 2012:	\$435.00	_____
Registration after May 1, 2012:	\$485.00	_____
Commuter Early Bird , with 50% due before May 1, 2012	\$285.00	_____
Commuter registration after May 1, 2012	\$335.00	_____

## Additional Optional Opportunities:

Picture \$ 0.00 no cost & Swimming 0.00 (one session only) no cost		
Horse Back Riding 20.00 (one session with an 8 rider minimum)		+ _____
Challenge Course 25.00 (one session with a 10 participant minimum)		+ _____
Camp sweatshirt 20.00 each (2x, 3x & 4x are +\$5.00)		
2012 "Intergenerational Handbell Camp" # T-Shirts ordered _____ Size _____		+ _____
"I Love Handbell Camp" # T-Shirts ordered _____ Size _____		+ _____
"I Love Handbell Camp" # Sweatshirts ordered _____ Size _____		+ _____

All 1st Time Campers are eligible for the McKay Scholarship of \$50.00 per new camper - \_\_\_\_\_

<b>TOTAL 2012 CAMP COST</b>	<b>\$ _____</b>
<b>TOTAL ENCLOSED</b>	<b>\$ _____</b>
<b>TOTAL DUE</b>	<b>\$ _____</b>

**Please make checks payable to INTERGENERATIONAL HANDBELL CAMP**

**Send 50% deposit or total camp cost by check to Chuck Ford, registrar postmarked before 5/1/2012 - for early bird registration. Send 50% or total camp cost by June 30 for full registration. The remainder is due at camp. \*credit or debit card transaction is NOT available\***

# 2012 Intergenerational Handbell Camp Medical Form

Please print, and mail to **Chuck Ford 2231 SW Wall Street Blue Springs, MO 64015**

\*send in with registration\*

## ALL CAMPERS:

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Female \_\_\_ Male \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grade Completed in 2012 \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# (Home) \_\_\_\_\_ Phone# (Work) \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy Holder \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone# \_\_\_\_\_ (Please Check One) Private Practice \_\_\_\_\_ Clinic \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications currently taking (with dosage and times per day)

\_\_\_\_\_

\_\_\_\_\_

\*All medications brought to camp must be brought in the original bottle or packaging.

Please complete the following if camper is less than 18 years of age:

I hereby affirm that I (please print): \_\_\_\_\_ am the parent or legal guardian of the above named camper and I am authorized to execute this medical consent form in behalf of said camper.

Signed Parent or Guardian \_\_\_\_\_

**ALL CAMPERS:** Alternate person to notify in case of emergency (should not be in same household):

Name: \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ Phone #(Work) \_\_\_\_\_

**See next page : Campers Under 18 - Medical Form**  
**Immunization form is REQUIRED for Youth to be at Heartland Center**

## CAMPERS UNDER 18

**Are immunizations current?** (Please Check One) Yes\_\_\_\_\_ No\_\_\_\_\_

(Parent /Guardian must be able to supply current immunization records and boosters.

If a copy is unavailable, list dates of immunizations and boosters in spaces below.)

Immunizations (Dates):

DPT Series\_\_\_\_\_Booster\_\_\_\_\_

Tetanus Booster\_\_\_\_\_ Polio Series\_\_\_\_\_ Booster\_\_\_\_\_

Is the camper in general good health and able to participate in all normal camp activities?

Yes\_\_\_\_\_ No\_\_\_\_\_ (if no please explain)\_\_\_\_\_

---

Your frankness about any physical or emotional disability will help Handbell Camp staff and leaders work more effectively with your child. Please notify Handbell Camp if the camper is exposed to any communicable disease during the three-week period prior to camp attendance. In signing this application, I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or accident.

In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by Camp Heartland Director/Handbell Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named below.

I give my child permission to participate in all camp activities including challenge course – both high ropes and low ropes appropriate to my child’s age as well as horseback riding and swimming. I understand that Camp Heartland trains their staff and inspects their equipment and stock regularly to reduce risk. I understand there are still inherent risks with all camp activities. I release Camp Heartland, all its employees and all Handbell Camp staff from any liability related to my child’s participation in camp activities. Participating in the challenge course may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur. Under Missouri Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised Statutes of Missouri.

I give permission for Camp Heartland and/or Handbell Camp staff to administer the following over-the-counter drugs or their equivalent (in accordance with product labeling) to my son/daughter if deemed necessary by the Camp Heartland Health Care Manager or Handbell Camp Director: Children’s Tylenol, Children’s Pepto Bismol, Ibuprofen, Benadryl, Cough/Throat Spray, Eye Drops/Visine, and Swimmer’s Ear Drops.

I agree to allow my child (or myself) to have his/her picture taken and those pictures to be used in Camp Heartland or Handbell Camp publicity. My child agrees to follow all camp rules & expectations and I will arrange transportation home at any time for my child if camp director requires it due to behavior or illness.

Signature of Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_

\* please fill out form above and mail in with registration\*