

CAMP OUTREACH 2025 APPLICATION

APPLICATION DEADLINE MAY 15th

Camp Outreach offers the opportunity to serve the community while developing practical skills and building relationships with God and each other. Participants will make needed repairs on homes of widows, disabled, single parent, elderly and other people needing help. With the limited housing for the Kansas City Camp Outreach, youth applicants must be 13 years or older in 2024.

Application for the Kansas City Camp June 29 – July 5, 2025

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH PERSON ATTENDING - PER PERSON CAMP FEE: \$155 US

Please **circle the dates** you will be in attendance: **June/July 29 30 1 2 3 4 5**

PARTICIPANT CONTACT INFORMATION – Please fill out one form for each person attending camp

Participant Name

Participant Address

Date of Birth _____

Gender: Male or Female

Home Phone _____

Cell Phone _____

E-Mail _____

T-Shirt Size: Adult XXXL XXL XL X L M S

EMERGENCY CONTACT INFORMATION In the unlikely event of an emergency, please designate a contact. List emergency contacts in order of preference.

Name: _____

Telephone: _____

Email: _____

Relationship to Camper: _____

Name: _____

Telephone: _____

Email: _____

Relationship to Camper: _____

Name: _____

Telephone: _____

Email: _____

Relationship to Camper: _____

Doctor: _____

Telephone: _____

CAMP OUTREACH 2025 APPLICATION

HEALTH INSURANCE

Guarantor Name (On the policy card)

Insurance Company

Policy/Group Number

Name of Primary/Guarantor Member

Medicaid Number (where applicable)

Insurance Company Contact Telephone Number

Any other insurance information needed?

Please send a copy of the child/family insurance card either with the application or with your child.

MEDICAL INFORMATION Do you have any health condition or physical disability that would prevent participation in renovation activities? **Yes** **No**

If yes, please explain _____

ALLERGIES If you are allergic to any medications, please list

If you are allergic or sensitive to any foods, please list.

Adult PARTICIPANT CONSENT AND WAIVER

I (print your name) _____, state that I am medically and mentally able to participate in all activities. As a participant in Camp Outreach, I agree to abide by all of the rules and regulations as outlined by camp counselors and officials. I also understand that reasonable care will be taken to conduct service and social activities in a safe, secure manner; however, I agree to hold harmless Camp Outreach, Common Ground Christian Ministries, Inc. and other sponsors, and camp staff in the unlikely event of an injury. I hereby give my consent for to appear in photographs or videos to be used by Common Ground Christian Ministries, Inc. (CGCM) or those organizations granted authorization by CGCM for Camp Outreach publicity, public information, public education and fundraising endeavors. I agree to receive text messages. I acknowledge there are risks associated with attending Camp Outreach.

CAMP OUTREACH 2025 APPLICATION

I agree to the terms listed above.

_____ Date _____
Adult Participant Signature

Minor Child Signatures:

PARTICIPANTS UNDER 18 PLEASE COMPLETE THIS SECTION

PARENT INFORMATION: Name of Parent/Legal Guardian

Parent/Legal Guardian Email: _____

Parent/Guardian Phone Number _____

Child's Cell Phone: _____

Optional:

Mother's Cell/Work _____ Personal Email:

Father's Cell/Work _____ Employer _____

EMERGENCY MEDICAL RELEASE

In the event of medical emergency, I understand that every effort will be made to contact parents or guardians of the minor participants. In the event I cannot be reached, I hereby give my permission to the director or authorized designee of the camping program to hospitalize, secure responsible treatment for and to appropriate medical care as necessary for the participant as named hereon. This authorization is valid for the time my child is attending Camp Outreach.

_____ Date _____
Parent/Guardian Signature

CONSENT AND WAIVER

I as the parent/guardian of _____, give my permission for him/her to attend Camp Outreach. I ascertain that he/she is medically and mentally able to participate in all activities. As a participant in Camp Outreach, my child agrees to abide by all of the rules and regulations as outlined by camp counselors and officials. I

CAMP OUTREACH 2025 APPLICATION

also understand that reasonable care will be taken to conduct service and social activities in a safe, secure manner; however, I agree to hold harmless Camp Outreach, Common Ground Christian Ministries, Inc. and other sponsors, and camp staff in the unlikely event of an injury. I hereby give my consent for him/her to appear in photographs or videos to be used by Common Ground Christian Ministries, Inc. (CGCM) or those organizations granted authorization by CGCM for Camp Outreach publicity, public information, public education and fundraising endeavors. I acknowledge there are risks associated with attending Camp Outreach. I agree to receive text messages.

I agree to the terms listed above.

Adult/Parent/Guardian Signature _____

Date _____

As a participant/parent or guardian of a participant in Camp Outreach, I agree to abide by all of the rules and regulations as outlined by camp counselors and officials.

Under 18 year old Participant Signature: _____

Date _____

Return applications with payment to:

**Camp Outreach c/o Common Ground Christian Ministries
1655 Hawthorne Drive, SUITE A
Plainfield, IN 46168**

Please make check in the amount of \$155 per camper payable to: Common Ground Christian Ministries.

We have a limited number of partial scholarships available for those who need some financial help.

Questions? Contact us at: JenniferLeeSwenson@gmail.com or call 317-319-3883 and ask for Jennifer Swenson.

Application deadline: May 15th, 2025

Any Special Skills or Interests?

Give us an idea of your current skills and interests. Note: Adult crew leaders will be available to teach necessary skills to participants who have no previous experience.

CAMP OUTREACH 2025 APPLICATION

PREFERENCE: Mark the box in those areas in which you would prefer to serve

SKILL LEVELS: Please rate your skill level "___" from 0 – 5, with 0 = no experience and 5 = expert

___Carpentry

___Food Preparation

___Plumbing

___Drywall

___Electrical work

___Landscaping

___Painting

___Ramp building

___Leading Sports

___Other: _____

Any Comments?
