

Camper Registration Packet For: _____

Camp UNITE 2024

It's FREE!

When:

Tuesday, July 16 to
Friday, July 19, 2024

Where:



Don't Delay! Camper Slots Are Limited!

Please return all forms and documents to:

Camp UNITE 2024

c/o Operation UNITE

350 C.A.P. Drive

London, KY 40744

FAX: 606-877-1018

Camp@OperationUNITE.org

**DO NOT SUBMIT PARTIAL APPLICATIONS
OR WITHOUT REQUIRED DOCUMENTS**

A letter confirming your registration will
be mailed to the address listed on your
application once you have been approved.

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Camper Information Sheet

Complete and return a separate form for EACH camper

Form 1

NOTE: Campers will not be registered until UNITE has received:

- Application Packet (all forms completed)
- Copy of Shot Records
- Copy of Insurance/Medical Card

Camper's Name: _____ Male ____ Female ____

Mailing Address: _____ Birth Date: ____/____/____

City: _____ State: ____ Zip: _____ County: _____

Physical Address (if different from mailing address): _____

City: _____ State: ____ Zip: _____ County: _____

What grade were you in on January 1, 2024? (check one): 6th ____ 7th ____ 8th ____ School: _____

Does your school have a UNITE Club? Yes ____ No ____ If yes, are you currently a member? Yes ____ No ____ n/a ____

Contact Information

Note: In case of emergency, campers will be released **ONLY** to the people listed below. Contact must present a valid picture ID.

Parent/Legal Guardian's Name

Relationship to Camper

Cell Phone

Home Phone

Work Phone

Email Address

Additional Contact #1 (full name)

Relationship to Camper

Cell Phone

Home Phone

Work Phone

Email Address

Additional Contact #2 (full name)

Relationship to Camper

Cell Phone

Home Phone

Work Phone

Email Address

Have you been to Camp UNITE? Yes ____ How many times? ____ No ____

How did you hear about Camp UNITE? _____

Camper's T-shirt Size (check only 1 box)

Youth Large ____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult X-Large ____ Adult 2X-Large ____ Other _____

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Waiver & Release

Form 2

Complete and return a separate form for EACH camper

PLEASE PRINT

Camper's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Having been made aware of the activities in which the camper will participate, I hereby consent to the above-named camper's participation in Camp UNITE. I voluntarily release and forever discharge Operation UNITE, Inc. from any and all liability, claims, actions, or rights of action which are in any way related to the camper's participation in Camp UNITE activities. I agree to indemnify and hold Operation UNITE and its directors, officers, employees, and agents harmless from any and all costs or damages, including attorney fees, incurred in connection with the camper's participation in Camp UNITE activities. I further agree not to sue, assert, or otherwise maintain any claim or cause of action against Operation UNITE and its directors, officers, employees, and agents arising from the camper's participation in Camp UNITE activities. In case of an emergency, including medical, I understand every effort will be made to contact parents or guardians of minor campers. However, if parents or guardians cannot be reached, I hereby give Operation UNITE permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the camper's health, safety, and welfare. I release Operation UNITE from liability in acting on my behalf in this regard and rendering such medical treatment. I assume full responsibility for and the risk of any bodily injury, death or property damage resulting from camper's participating in Camp UNITE activities. This waiver and release form shall be governed by the laws of the Commonwealth of Kentucky.

Parent/Legal Guardian's Signature

Cell Phone

Parent/Legal Guardian's Printed Name

Home Phone

Date Signed

Work Phone

Photo & Media Release

I, the undersigned, do hereby assign and grant to Operation UNITE the right and permission to use and publish the image of the above-named camper. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, video and/or sound recordings taken during the camper's visit to Camp UNITE for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the UNITE website or social media channels. I agree that these images may be used by Operation UNITE for a variety of purposes, and that these images may be used without further notifying me. I specifically waive any right to any compensation I may have for any of the foregoing and release Operation UNITE from any and all liability for such use and publication.

Parent/Legal Guardian's Signature

Cell Phone

Parent/Legal Guardian's Printed Name

Home Phone

Date Signed

Work Phone

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Camp UNITE Code of Conduct

Form 3

Complete and return a separate form for EACH camper

NOTE

Violation of these rules may result in disciplinary action and possible dismissal from the Camp. In the event of dismissal, transportation home will be the responsibility of the parent or guardian. Operation UNITE reserves the right to contact law enforcement officials if deemed necessary.

While traveling to or participating in Camp UNITE at the University of Pikeville:

1. All medications must be checked in upon arrival at Camp. This includes all non-prescription drugs. Medications must be stored in properly labeled containers and will be administered according to instructions on the camper's **Medical Information Form 5**.
2. Shirt and shoes should be worn at all times (unless otherwise directed).
3. Campers may not have in their possession, use, or consume any tobacco products, electronic cigarettes, Juuls, or vaping devices, non-prescribed or illegal drugs, or any alcoholic beverage.
4. Campers may not be in possession of or use any weapons (knives, guns, etc.) or any explosive products.
5. Campers may not steal, deface, disfigure, destroy, or otherwise damage any real or personal property belonging to Camp UNITE, the host facilities, or other campers or staff. **Campers will be responsible to pay for any damages.**
6. Campers shall not engage in the threat of, or actual commission of, any verbal, written, or physical harassment or intimidation of any person by any means.
7. Campers shall not engage in promiscuous, indecent, or obscene behaviors.
8. Boys are not allowed in the girls' dorm. Girls are not allowed in the boys' dorm.
9. At no time should a Team Mentor be alone with an individual camper, regardless of gender.
10. Campers shall follow the "buddy system" – at least two (2) people of the same sex should stay together at all times.
11. All accidents (even small ones) must be reported to a Team Mentor or staff member immediately.
12. If a camper feels sick, they shall report their symptoms directly to their Team Mentor.
13. No profanity or disrespectful language will be tolerated at any time.
14. Campers are required to let their Team Mentors know their whereabouts at all times.
15. Campers are not allowed to leave the camp area with anyone other than approved persons.
16. Cell phone use will be heavily restricted. Team Mentors will collect cell phones from campers upon arrival and redistribute them for brief usage periods each night. Team Mentors and/or staff members reserve the right to confiscate cell phones at any time.

I have read, understand, and agree to comply with this Code of Conduct.

Participant's Signature

Printed Name

Date

Parent/Legal Guardian's Signature

Printed Name

Date

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Insurance & Physician Information

Form 4

Complete and return a separate form for EACH camper

NOTE

You MUST submit a copy of your insurance card or medical card along with your completed application.

PLEASE PRINT

Camper's Name: _____ Social Security #: _____

Camper's Date of Birth: _____

Primary Insurance Company: _____

Member ID #: _____ Group/Policy #: _____

Phone Number(s): _____ Date of Birth: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Policy Holder's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to the camper: _____

Secondary Insurance Company: _____

Member ID #: _____ Group/Policy #: _____

Phone Number(s): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Policy Holder's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to the camper: _____

Physician's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): _____

Dentist's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): _____

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Medical Information & Release

Form 5

Complete and return a separate form for EACH camper

NOTE

You MUST submit a copy of the camper's most recent immunization record along with your completed application.

PLEASE PRINT

Camper's Name: _____ Social Security #: _____

Are all the camper's immunizations up-to-date? Yes___ No___

Does the camper regularly take any over-the-counter or prescription medications? Yes___ No___

If yes, **list any medications to be taken at Camp**, including drug, dosage, route (oral, injection, etc.) and frequency:

Does the camper have any allergies? Yes___ No___ Please list: _____

Does the camper have a history of any of the following (check Yes or No for each item):

Hearing impaired	Yes___ No___	Hemophilia	Yes___ No___	ADHD	Yes___ No___
Cancer/leukemia	Yes___ No___	Heart trouble	Yes___ No___	Asthma	Yes___ No___
Recent surgeries	Yes___ No___	Convulsions/Seizures	Yes___ No___	Diabetes	Yes___ No___
High blood pressure	Yes___ No___	Kidney disease	Yes___ No___	Other	_____

Please explain any "Yes" answers: _____

Does camper have any special dietary needs? Yes___ No___ Please list: _____

What is the camper's swimming ability? Non-swimmer___ Beginner___ Intermediate___ Advanced___

Does camper require specialized accommodations in order to fully participate? Yes___ No___

Please describe: _____

Statement of Consent: (To be signed in the presence of a witness.)

As the parent/legal guardian of the above-named camper, in the event of an emergency or non-emergency situation requiring medical treatment, including accidental injury or illness, I (print your name) _____ hereby grant permission for any and all medical and/or dental attention to be administered until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I accept full responsibility for all financial costs that are a result of the camper receiving medical treatment not covered by the camper's personal insurance.

Parent/Legal Guardian's Signature

Date

Witness Signature

Date

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Transportation Waiver & Release

Form 6

Complete and return a separate form for EACH camper

PLEASE PRINT

Camper's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

As the parent/legal guardian of the above-named camper, I understand that Camp UNITE is not risk free. I hereby give permission for _____ (print name of camper) to attend this program and to participate in all related activities, both on and off the University of Pikeville campus, including those that require transportation. I understand that transportation will be provided by or under the direction of Operation UNITE.

Transportation Plans (check one on each line)

1. ☐ My camper will need transportation to Camp **or** ☐ I will bring my camper to Camp
2. ☐ My camper will need transportation home **or** ☐ I will pick my camper up from Camp
(Campers will not be released until after 1:30 pm)

**Note: Campers needing transportation will be notified
of pickup/drop-off locations 1-2 weeks before camp begins.**

I, the parent/legal guardian of the above-named camper, do hereby voluntarily consent and grant permission for an Operation UNITE designated provider to transport the above-named camper from a regional pickup location in Kentucky (to be determined 1-2 weeks before camp), to the University of Pikeville campus in Pikeville, Kentucky, on Tuesday, July 16, 2024. I further consent and grant permission for Operation UNITE's designated provider to transport the above-named camper from the University of Pikeville back to a regional drop-off location in Kentucky on Friday, July 19, 2024. I understand that there is a certain degree of risk inherent in and to which I may be exposed during transportation, including the risk of bodily injury or death. I have carefully considered the risk involved and voluntarily and knowingly release and forever discharge Operation UNITE and its designated transportation provider and their directors, officers, employees and agents harmless from any and all claims, actions, causes of action, liabilities, suits, costs of damages (including reasonable attorney fees), which are related to, arise out of, or are in any way connected with the camper's voluntary utilization of this transportation service, whether foreseen or unforeseen, arising directly out of any damage, loss, injury or death, whether such damage, loss or injury results from negligence. This waiver and release form shall be governed by the laws of the Commonwealth of Kentucky.

Parent/Legal Guardian's Signature

Cell Phone

Parent/Legal Guardian's Printed Name

Home Phone

Work Phone

Date Signed

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UPike Informed Consent

Form 7

Complete and return a separate form for EACH camper

University of Pikeville

Minors Participating in a Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM/CAMP INFORMATION:

Program/Camp Name: Camp UNITE 2024

Date(s): Week of July 16-19, 2024

Time(s): 8 am Monday through 5 pm Friday

Location: University of Pikeville various campus locations and other venues in Pikeville/Pike County, KY

PARTICIPANT INFORMATION:

Name of Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Gender: M _____ F _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand, and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program.

I, on behalf of my Child, hereby release the University of Pikeville, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "UPIKE") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless UPIKE from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that UPIKE accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of UPIKE to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify UPIKE from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all its terms and conditions. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name _____ Participant Signature _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

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Fast Tracks Interest

Form 8

Complete and return a separate form for EACH camper

Camper's Name: _____

During camp, participants will take part in three (3) different "Fast Track" activity programs during the week. Each activity is designed to provide campers an opportunity to try out new interests in a non-threatening, learning environment. Campers **DO NOT** have to have prior knowledge of or skills in the activity in order to participate.

Every effort will be made to place campers in the Fast Tracks of their choice based on their selection below. Operation UNITE reserves the right to limit class size. Priority will be given based upon the date a camper's completed application packet is received.

Closed-toed shoes, such as tennis shoes, MUST be worn for all Activity Tracks.

NOTE

Campers should only identify their top five (5) activity choices. Use NUMERALS (not checkmarks) to identify priorities. Number 1 is your first choice, number 2 is your second choice, etc.

If more than 5 boxes are marked, or you do not list your top 5 choices, UNITE reserves the right to assign classes.

- | | |
|---|----------------------|
| ____ Art | ____ Football |
| ____ Baking Skills | ____ Fitness |
| ____ Basic First Aid Skills | ____ Health & Beauty |
| ____ Basketball | ____ Karate |
| ____ Cooking Skills | ____ Kickball |
| ____ Craft Shop
(Includes crochet and embroidery activities) | |

I, the undersigned, do hereby give the above-named camper permission to participate in the selected activities.

Parent/Legal Guardian's Signature

Date Signed

Parent/Legal Guardian's Printed Name

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About Camp UNITE

Keep This Page

- Camp UNITE is a free 4-day, 3-night adventure/leadership program to be held Tuesday through Friday, July 16-19, 2024.
- Campers will stay in dormitories and eat in the cafeteria on the University of Pikeville campus in Pikeville, Kentucky.
- Campers will be supervised by trained Team Mentors at all times.
- Activities will include a combination of challenge events, swimming, outrageous games, motivational speakers, talent show, and much more.
- It is important that campers participate in the entire camp program. Late drop-offs or early pick-ups are strongly discouraged. Please do not schedule doctor or other appointments during camp.

Campers WILL NOT be considered registered until UNITE has received ALL forms in this Registration Packet, the camper's immunization record, and a copy of camper's insurance card or medical card.

A letter confirming your registration will be mailed to the address listed on Camper Information Form 1.

Camper Application Checklist:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Form 1 | Camper Information Sheet |
| <input type="checkbox"/> Form 2 | Waiver & Release
Photo & Media Release |
| <input type="checkbox"/> Form 3 | Camp UNITE Code of Conduct |
| <input type="checkbox"/> Form 4 | Insurance & Physician Information |
| <input type="checkbox"/> Form 5 | Medical Information & Release |
| <input type="checkbox"/> Form 6 | Transportation Waiver |
| <input type="checkbox"/> Form 7 | UPike Informed Consent |
| <input type="checkbox"/> Form 8 | Fast Tracks Activity Interest |

What to Bring

- Please limit to 1 suitcase per camper.
- Clothes (shirts, pants, shorts, socks, underwear) for 4 days. Designs or wording should not contain foul language, alcohol/drug themes, or be offensive. All shorts, skirts, etc. should be of appropriate length.
- **Tennis shoes** for Activity Tracks
- **Respectable swimming suit** (girls should be one-piece with no cutouts, boys trunks should be of appropriate length)
- Flip-flops for pool area
- Towels, washcloths and other toiletry items
- Lightweight jacket or sweatshirt
- Sleeping bag or a twin bed sheet and cover
- Pillow (if desired)
- Prescription medication in original container

What NOT to Bring

- Tobacco products (including smokeless, e-cigarettes, Juuls, or other vaping device)
- Weapons (including pocket knives)
- Electronic music or entertainment devices (including computers, tablets and gaming devices)

Transportation

- Operation UNITE will provide transportation to and from camp from each of the 33 counties served by UNITE. Pick-up and drop-off locations will be announced 1-2 weeks prior to camp.
- Parents and guardians may bring and/or pick up campers to Camp UNITE if they choose.
- It is important to be on time when delivering your camper to the pick-up location or to camp, and to be at the pick-up location to greet your camper when they return home.

Anyone having any questions about these regulations, or needing additional information, should contact the UNITE office toll-free at 866-678-6483 or Camp@OperationUNITE.org.

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