



Camp REYOAD Registration Form - 2024

Event Date: June 9-14, 2024

*Cost: \$440 before April 20, \$470 after April 20

*Subsidized \$64 this year by generous donations. Subsidy may not be available in 2025 without future generous support.

Camp REYOAD:

Camp REYOAD's heart consists of loving REmarkable YOuth and ADults while sharing the Good News of Jesus Christ through community, growth, and fun. Participants are 18 years and older, with intellectual disabilities. It is held in North Webster, IN at Epworth Forest Conference Center.

Affiliation:

Camp REYOAD is a program of the Indiana Conference of The United Methodist Church, but enjoys ecumenical participation and leadership.

Guardians and prospective campers:

Please read this application carefully and fill in all blanks. We may not be able to serve your camper if necessary care & medical information is not provided. To best serve your camper, Impact 2818 reserves the right to decline attendance at any time, including check-in, if the Camp Manager believes the camp is not able to provide quality care for this individual regarding disclosed or undisclosed medical or behavioral needs.

Medication:

All medication will be secured and dispensed by camp medical staff. All medications are to be in their original containers and well labeled. Herbal remedies, vitamins, and oils cannot be administered by the camp or counselors without a doctor's note. No medication will be given in conflict with its label without a doctor's note.

REYOAD Criteria of Acceptance:

Campers must be:

- 18+ years of age
- Physically and mentally capable of participating in the program
- Socially capable of adjusting and contributing to group living
- Able to eat cafeteria food (**special diets, see note*)
- Non-smoking (Smoking is not permitted on the campground.)
- Must be capable of self-care (personal cleanliness, self-dressing, free from bedwetting, no requirement for restroom or nighttime assistance)
- Must be independently ambulatory (much walking is done)

**A doctor's note is required for all specialized diets. Campers can bring medically necessary supplemental meal items if arranged with the Camp Site Manager at least two weeks prior to arrival. Please note, our camp sites are NOT nut-free facilities.*

Mail the completed 8 page form that follows, along with payment, to:

INUMC, Attn: Camp Registration, 301 Pennsylvania Parkway — Suite 300, Carmel, IN 46280

Continued information...

Camp REYOAD Registration Form - 2024

Registration deadline & fees:

The registration deadline is May 26, 2024.

Payment and a completed registration form (the 7 pages that follow) must be received by this date in order to attend. Impact 2818 offers Early Bird registration discounts for those whose complete registration and payment (or valid payment plan) are received on or before April 20, 2023.

Applications received at least 5 weeks before the start of the event may use the payment plan option, if you desire. See page 8 for more information.

REYOAD campers have the opportunity to purchase snacks and camp merchandise. Please send an additional \$30 with the camper to camp for those opportunities.

Cancellation policy:

Call right away if your plans change! Registrations cancelled 2 or more weeks prior to the first day of an event will forfeit a \$75 fee. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's registration fee. Registrations may not be transferred from one camper to another.

COVID-19 related cancellations will not be held to the cancellation policy above and are eligible for a full refund. See [Impact2818.org](https://www.impact2818.org) for details.

Scholarships/iCash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.

Insurance:

All campers are provided with a limited secondary accident insurance while at camp.

Scholarships:

Partial scholarships may be available for campers with financial need.

Apply online at [impact2818.org/registration/#scholarships](https://www.impact2818.org/registration/#scholarships); or call the registration team at (888) 628-2818.

Mail the completed 8 page form and payment to:

INUMC, Attn: Camp Registration, 301 Pennsylvania Parkway — Suite 300, Carmel, IN 46280

Questions?
Call (888) 628-2818

Fax Number:
(317) 735-4237



IMPACT 2818: Outdoor Ministries
of the United Methodist Churches of Indiana



Camper Information

Camp REYOAD
Epworth Forest Conference Center, June 9—14, 2024

Early Bird rate
\$440

after April 20 rate
\$470

Please fill in all blanks and include a recent photo of the camper.

Camper's name: _____ Nickname? _____

Birth date: ____/____/____ Sex: Female Male

Street Address: _____

City, State, Zip: _____

Phone # C H W: (____) ____—____ How did you hear about camp? _____

Do you (the camper) live in a: Group Home Family Residence On Your Own

Email address: _____

Church name: _____ Church city: _____

Is the camper able to legally sign for them self? Yes No

If 'no' please list their guardian's name: _____

Relationship to the camper: _____

Address: _____

Email address: _____

Phone #: (cell? home? work?) (____) ____—____

(cell? home? work?) (____) ____—____

Is there anyone, specifically, to whom this camper should *not* be released? _____

Payment Information

Are you using a scholarship? Yes No Scholarship amount? _____ (ex. 33%, etc.)

Scholarship/iCash code: _____ Final cost of event: \$ _____

To set up a payment plan, please complete the payment plan section on page 7. *must register at least 5 weeks before event begins

To pay in full now, please fill out the following (checks made payable to INUMC):

Name on card: _____ Check enclosed: # _____ Amount \$ _____

Card number: _____ - _____ - _____ - _____ Expiration date: ____/____ Visa MasterCard Discover

Please charge \$ _____ to the card listed above. Cardholder's signature: _____

Release of Liability, Waiver, Indemnification, Consent to Medical Attention, and Certification

In exchange for good and valuable consideration, including but not limited to the Indiana Annual Conference of the United Methodist Church (“INUMC”) permitting me to participate in the following described activity: Impact 2818 camp or retreat programs, (the “Activity”), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular), agree to be bound by each of the following:

REPRESENTATIONS AND ACKNOWLEDGEMENT OF RISKS. I acknowledge and agree that (i) Notwithstanding the efforts of INUMC with respect to my safety, my participation in the Activity may cause or result in injury to my person and/or my property, and I, nevertheless, desire to participate in the Activity; (ii) I understand that the potential dangers, hazards and risks of the Activity include, but are not limited to, exposure to new environments, unpredictable weather conditions, inadequate or unavailable medical facilities or treatment, cuts, muscle sprains, ligament tears, bone breaks, and the possibility of permanent disability or death, **and further may include the risk of exposure to COVID-19 (novel coronavirus);** and (iii) My participation in the Activity is my voluntary act entered into solely for my enjoyment and benefit. There may be other risks of participation in the Activity, some of which may not be known or reasonably foreseeable at this time. I understand that this Release of Liability, Waiver, Indemnification, Consent, and Certification is intended to address all of the risks of any kind associated with my participation in any aspect of the Activity, including, particularly, such risks created by actions, inactions, or negligence on the part of INUMC or its trustees, officers, employees, agents, volunteers, representatives, successors, or assigns (collectively, INUMC’s “Representatives”), including, but not limited to, risks created by the following: (a) the risk of exposure to COVID-19 (novel coronavirus); (b) my physical, emotional, and psychological limitations and/or discomfort; (c) the physical, emotional, and psychological limitations and/or discomfort of others; (d) the use and/or condition of premises on which various aspects of the Activity occur; (e) the lack or inadequacy of policies, rules, or regulations with respect to the Activity; (f) the failure of INUMC or its Representatives to foresee or to protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of other persons; (g) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; or (h) the lack or inadequacy of supervision by INUMC or its Representatives.

ASSUMPTION OF RISK. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Activity, **including (but not limited to) risks associated with exposure to COVID-19 (novel coronavirus).** I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Activity, **including (but not limited to) risks associated with exposure to COVID-19 (novel coronavirus).**

RELEASE AND WAIVER. I release INUMC and its Representatives from any and all liability, and waive any and all claims, for injury, loss, or damage, including attorneys’ fees, in any way connected with my participation in the Activity, even if caused in whole or in part by the negligent acts or omissions or other misconduct of INUMC or any of its Representatives, including (but not limited to) risks associated with exposure to COVID-19 (novel coronavirus) (a “Claim”). This release does not apply to reckless or intentional misconduct of INUMC or any of its Representatives.

INDEMNIFICATION. I agree to indemnify and to hold harmless INUMC and its Representatives from any Claim or expense, including reasonable attorneys’ fees for the legal counsel of INUMC’s choice, in any way connected with a Claim. This includes, but is not limited to, the cost of defending any Claim that I, or any member of my family, might make, or that might be made on my behalf, or on behalf of any of my family members, that is released or waived by this instrument.

BINDING EFFECT. This instrument shall be binding upon my relatives, personal representatives, members, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of INUMC and its Representatives.

CONSENT TO MEDICAL TREATMENT. I authorize INUMC and its Representatives to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Activity. This consent does not impose a duty upon INUMC or its Representatives to provide such assistance, transportation, or services.

SEVERABILITY. If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

APPLICABLE LAW. Because the Activity is located in the State of Indiana, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Indiana.

I hereby give permission for myself/my child to be treated by a physician selected by the camp **and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff.** I represent and warrant that I have listed on the medical form all of myself/my child’s known allergies as well as medications I/my child is taking. **I understand that failing to disclose some medical conditions on the medical form that will follow this registration may result in an inability of the camps to serve my camper/family. I understand that in order to best care for myself/my child, Impact 2818 reserves the right to decline attendance for myself/my child if the Camp Manager believes the camp is not able to provide quality care for myself/my camper regarding disclosed or undisclosed medical or behavioral needs. Also, I understand that pictures/video may be taken of myself/my child at camp and used for publicity purposes by Impact 2818.**

THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ AND UNDERSTAND ALL PARAGRAPHS OF THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, CONSENT, AND CERTIFICATION. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, CONSENT, AND CERTIFICATION VOLUNTARILY.

_____ Signature _____ Date _____
Camper’s Printed Name

If the person participating in the Activity is not yet 18 years old, one of his/her parents or legal guardians must sign:

In exchange for myself/my child or ward being allowed to participate in the Activity, and as the parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions of this Release of Liability, Waiver, Indemnification, Consent, and Certification. I further represent and agree that I am signing on behalf of, and as an agent for, any other individual who may be a parent or guardian of myself/my child or ward, that I am fully authorized to do so, and that by executing this Release of Liability, Waiver, Indemnification, Consent, and Certification, I am binding myself, any other parent or guardian of myself/my child or ward, and my child or ward.

_____ Signature _____ Date _____
Printed Name (Parent or Legal Guardian)

Medical and Additional Information

*The camper must have been seen by a physician within 6 months prior to the event.
(However, a doctor does NOT need to complete this form.)*

Camper's name: _____ Date of last exam: _____

Medicaid/Medicare #: _____

Height: _____ Weight: _____ Blood Pressure: _____ Age: _____

Identified medical condition(s) or disability: _____

Primary care physician's name: _____

Physician's address: _____

Physician's phone #: (_____) _____ — _____

Resuscitation Status — Please check the resuscitation status of the camper.

_____ Yes, resuscitate the camper.

_____ No, do not resuscitate the camper. I have included a copy of the their DNR legal order.

Received and copy on file? (*campsite use only*)

_____ *camp nurse signature*

_____ *camp manager signature*

Does the camper have allergies? Yes No

If 'yes' please list each allergy and reaction. Use additional page(s) if necessary.

(plants, prescription & non-prescription drugs, insects, foods, etc.)

Does the camper have seizures: Yes No

If 'yes' please note the date of the last seizure: _____

Frequency/duration: _____

Please list any specific information regarding seizure activity. Use additional page(s) if necessary.

Insurance provider: _____

Group #: _____

Policy #: _____

Insurance contact phone #: (_____) _____ — _____

Alternate emergency contact name: _____

Relationship to camper: _____

Phone #: (cell? home? work?) (_____) _____ — _____

Adult t-shirt size: Small Medium Large X-Large 2X-Large 3X-Large

Describe the camper's usual daily routine (ex. wakes and goes to sleep at what time?) and include a brief family history related to your camper in the space below (attach additional paper as necessary).

Health History

Camper's name: _____

Please check all that apply and add any additional pertinent information as needed. To best serve your camper, Impact 2818 reserves the right to decline attendance at any time, including check-in, if the Camp Manager believes the camp is not able to provide quality care for this individual regarding disclosed or undisclosed medical or behavioral needs.

Disease/Disorder	Yes	No	Additional information
Heart condition			
High blood pressure			
Asthma			
Diabetes			
Eye conditions			
- Wears eye glasses			
Fainting			
Chronic respiratory infection			
Menstrual problems			
Constipation			
Athletes foot			
Stomach problems			
Sleepwalking			
Bedwetting			
Emotional outbursts			
Homesickness			

Communication Status	Yes	No	Additional Information
Verbal			
Non-verbal			
- NV but understands			
Uses signing			
Able to write			
Hearing is normal			
Hard of hearing			
- Uses hearing aid(s)			
Unable to hear (deaf)			

Ambulatory Status	Yes	No	Additional Information
Walks alone			
Walks with assistance			
- Uses cane/crutches			
Wheelchair dependent			

Health History Continued

Camper's name: _____

Please elaborate to help us best care for the camper.

Self-care Status	Yes	No	Additional information
Independent (fully dresses, showers, voids, and feeds self unassisted)			
Toileting requires assistance			<i>If yes, how so?</i>
- Uses Depends (or similar)			
- Females: menstruation hygiene independent?			
Showering requires assistance			<i>If yes, how so?</i>
Mouth care requires assistance			<i>If yes, how so?</i>
- Wears dentures			
Eating requires assistance			<i>If yes, how so?</i>
Sleeping requires assistance			<i>If yes, how so?</i>

Are there any foods the camper should avoid? Yes No
If 'yes' please provide details: _____

Are there any activities the camper should avoid? Yes No
If 'yes' please provide details: _____

Does the camper have any special fears or concerns? Yes No
If 'yes' please provide details: _____

Is there any other information about the camper that might be helpful (their routine, etc.)?

Immunizations

(These are not required. When available, we prefer to have this information.)

If applicable, what was the date of the camper's last Tetanus shot? _____ / _____ / _____

If applicable, when was the camper's last TB test? _____ / _____ / _____
Was it clear? _____

Are you fully vaccinated against COVID-19? Yes No
Date of most recent booster? Date? _____ / _____ / _____

Hepatitis Status

(These are not required. When available, we prefer to have this information.)

If applicable, when was the camper last screened for hepatitis? _____ / _____ / _____

If applicable, when was the camper vaccinated for hepatitis? _____ / _____ / _____

Medications

Camper's name: _____

Please list all prescription & non-prescription medications to be administered during camp.

**** Please note, herbal remedies, vitamins, and oils cannot be administered by the camp or counselors without a doctor's note. No medication will be given in conflict with its label without a doctor's note. ****

Name of Medication & Dosage	Time to be Administered	Special Instructions
<i>Example: Aspirin, 81mg</i>	<i>Before bed.</i>	<i>Crush before giving.</i>
<i>Example: Multi-vitamin, 1 tablet</i>	<i>8 A.M.</i>	<i>Give with food.</i>

Additional medications may be listed on a separate page.

All medications will be kept with, and dispensed by, camp medical staff.

Each medication must be in its original prescription container with the original prescription label. All non-prescription items must be in their original packages and labeled with the name of the camper.

Optional Payment Plan Information

Camper's name: _____

_____ Yes, I will be participating in the payment plan. My information is below.

_____ No, full payment is included on page 1.

If you wish to make automatic payments, instead of paying in full, you must register at least 5 weeks before the event begins, and complete the form below. The initial deposit varies by event, and will be processed upon receipt of this form in order to activate the registration. If you have any questions, please call (888) 628-2818. If you wish to pay in full, please disregard this page, and see page 1 to pay in full.

Example, \$440 event: If your event's final balance is due May 26, and your registration is entered on March 2, your initial deposit of \$120 will be processed on March 2. Your after-deposit balance will be divided into two equal payments, occurring automatically on April 2 and May 2.

Agreement:

I give permission for Impact 2818 to debit the following card or bank account monthly until the event's final balance has been paid. I acknowledge that the initial payment will be processed upon receipt of this form, and future payments will occur beginning the following month.

Please select either a type of bank account or a credit card.

Bank Account

_____ Checking Account #: _____

_____ Savings Routing #: _____ (always 9 digits long)

Account holder's signature: _____

OR...

Credit Card

Name on card: _____

Card number: _____ - _____ - _____ - _____

Expiration date: _____ / _____ Visa MasterCard Discover

Security code: _____

Cardholder's signature: _____

If an automatic payment fails you will be contact via email. You will have one (1) week to correct the error and make the payment. If the payment is not received within one week, the registration will be cancelled. Our standard cancellation policy will apply. You may login to your account at Impact2818.org 24/7 to correct a failed auto-payment, or give the Registration Team a call at (888) 628-2818 Monday - Friday from 8:30am - 4:30pm.

Questions? Go to Impact2818.org or call the registrar's office at (888) 628-2818. Fax (317) 735-4237

Cancellation policy: Call right away if your plans change! Registrations cancelled 2 or more weeks prior to the first day of the event will forfeit a \$75 fee. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's registration fee.

Registrations may not be transferred from one camper to another.

COVID-19 related cancellations will not be held to the cancellation policy above and are eligible for a full refund.

See Impact2818.org for details.

Scholarships/iCash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.

Activities Information Form

Camper's name: _____

To parent/guardian/camper: If your camper has a school or workshop, please take this form to have the school or workshop personnel complete and return to you to be turned in with the rest of this registration form. If the camper does not participate in any activities outside the home, please note that on the line below, and still include this page when sending in the rest of the registration form. Thank you.

To workshop or activities director: Please be thoughtful and candid.

Name of school or workshop: _____

Address: _____

Contact staff member (regarding the camper listed above): _____

Contact's phone #: (cell? home? work?) (_____) _____ — _____

How well or poorly does applicant participate in group activities? _____

Any additional comments? (e.g. How does the applicant get along with others? Please list the applicant's hobbies, interests, unusual behaviors, fears, etc.) _____

Thank you for your time and help in filling out this form.

Signature of principal, director, or staff in charge: _____

Date: ____/____/____