

# SPARKS CAMP - A- RAMA

**DATE:** Saturday, June 4<sup>h</sup>, 2011    **PLACE:** Hidden Acres, Dayton, IA

**REGISTRATION:** 9:15 to 9:50 AM    **CAMP:** 10:00 AM to 3:30 PM

**Who can come** (what are the requirements) to be able to pay your fee and register?

**NEW (last year) all Second grade** Sparks who have finished a handbook this club year.

**COST:** Early registration postmarked by May 20<sup>th</sup> \$28.00 per person attending (clubber or ALP)..

**Registration postmarked after May 20<sup>th</sup> \$33.00 per person attending**

**WHAT TO WEAR:** Camp-A-Rama will be held rain or shine (*Pray for shine!!!*). Clubbers should wear play clothes, tennis shoes (for the hike around camp) and be dressed accordingly.

**BE SURE TO WEAR YOUR BIGGEST AND BEST SMILE!!!**

## **THINGS TO REMEMBER:**

\* Camp is No Smoking anywhere on the grounds type facility.

\* **One adult must be present with a “maximum” of 4 clubbers attending camp.**

Adults are to accompany their Sparkies (max of 4) throughout the entire day.

\* To help simplify registration, we are requesting that you send the full amount (\$28.00) of registration fee for “**each**” clubber and “**each**” AL/P - Adult Leader/Parent when you register. Please send clubber and AL/P registrations together.

- **REGISTRATIONS MUST BE RECEIVED AT LEAST 1 WEEK PRIOR TO CAMP DATE.**

If late, do NOT call – deadline is firm. The number of campers is limited so register early! An AWANA (not your church) **Parental Consent and Release of Liability form “MUST”** be completely filled out and accompany the registration form (**no exceptions**). All ALP’s must have this form filled out also! Yes, you can sign your own form (you don’t have to have your mom sign it..(ha ha).

\* Questions??? Call your AWANA missionary Ron Glynn at (515-432-9658) or Registrar, Brad Johnson at (515-371-6419)

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## Parental Consent and Release of Liability Please Print and Provide All Information Requested

**IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.**

Please return this form to your coach/coordinator before each Event.

To Be Filled Out By the Church – Please Print	
Child's Name: _____	Church Name _____
City/State _____	Coach: _____
Date and location of the Event the Child is attending: _____	Child's Birthdate: _____
Date: _____	Location: _____
TEAM STATUS: Circle One: SPARKS (T&T)BOYS (T&T)GIRLS (T&T)COED TREK JOURNEY QUIZ GRANDPRIX OTHER _____	

I understand and agree that participation in "AwanaGames," "Sparks-a-Rama" or "Awana Bible Quiz" ("Event") is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability.

### Consent to Attend Event

I hereby give permission for my Child to attend and participate in the Event.

### Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International ("ACI") its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Illinois.

### Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): \_\_\_\_\_

Will Participant be under any medication while at Event? Yes  No  If yes, please provide details: \_\_\_\_\_

### Media Release

I understand that at this event or related activities, my Child may be photographed. I agree to allow my Child's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. When an identification of a child is made, only the first name of the child may be used along with the name of the church.

### Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of Cook County, Illinois.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name and Phone Number

\_\_\_\_\_  
Emergency Contact: Name and Phone Number

**Mail registration with check to:** Brad Johnson, 1963 L Ave., Woodward, IA 50276

Please make your check payable to **AWANA** don't put anything else on the payee line please, (if you have to) you can make a note on the memo line but if you put **ANYTHING** but Awana on the payee line the check must be re-issued.

**This registration is for Hidden Acres camp at Dayton.**

SPARKS Camp-A-Rama Registration Form (Duplicate as needed for more clubbers)

Check type person(s) attending: Sparkie, Director, Leader, or Parent.

**Each registration must list the AL/P & be completely filled out to be accepted. Registration must be accompanied with a completed Parental Consent & and Release of Liability form for EVERYONE ADULTS INCLUDED. No, you don't have to have your parents sign for you if you are adult, but you will have to fill out for yourself and sign it – no exceptions.**

Tee Shirt Sizes requested for each person Medium Large Xtra Large .XX Large

Church Town: \_\_\_\_\_ Registration # \_\_\_\_\_.

Sparks Director \_\_\_\_\_ Phone (    ) . \_\_\_\_\_

Accompanying AL/P Name \_\_\_\_\_ Phone (    ) . \_\_\_\_\_

AL/P's e-mail address \_\_\_\_\_

AL/P Address City \_\_\_\_\_ Zip \_\_\_\_\_.

Sparkies Name \_\_\_\_\_ Town \_\_\_\_\_ .

Total Amount Paid - Sparkie AL/P \_\_\_\_\_ Check # \_\_\_\_\_

Commander's Signature (Witness of Sparkie Award) \_\_\_\_\_.

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