Application for Jr. CYO Camp

Sept 5th – Sept 7, 2026

Youth Name: _____

Parent Names: _____

Email: _____

Addres/City/zip:_____

Phone: _____

Grade (2026-27) _____

Male ____ Female ____

Make checks payable to "Diocese of Salina." Memo Line: Youth Name and Jr CYO Camp

Enclosed is the registration fee of $235.00 (Non-refundable & Non-transferable). Registration deadline is August 20th

"Photos and videos may be taken at this event and used for promotional purposes. By attending, you consent to your image being used."

INDIVIDUAL/HOUSEHOLD PARTICIPATION AGREEMENT

PLEASE PRINT LISTING ALL INDIVIDUALS ATTENDING EVENT

Group Name	Dates Onsite @ RSR	
Participant Full Name	Email	
Street	City/State/Zip	
Primary Phone	Birthdate	Gender
Emergency Contact #1	Relationship	Cell Number
Emergency Contact #2	Relationship	Cell Number
Parent/Guardian Name (if participant is under 18)	Notes	For Internal Use

ADDITIONAL HOUSEHOLD PARTICIPANTS

Full Name	Birthdate	Gender
Full Name.	Birthdate	Gender
Full Name	Birthdate	Gender
Full Name	Birthdate	Gender
Full Name	Birthdate	Gender

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Participation

I hereby agree to and acknowledge that I am responsible and liable for my behavior and that of the minor children listed. I further agree that I and the minor children listed will observe and act in accordance with all applicable regulations, protocols, and procedures set forth by KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH, herein referred to as RSR, in addition to all federal, state and local laws and regulations.

Photography and Audio

I give the KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH, and its employees and agents permission to use for any lawful purpose my and/or the likeness of my child in image, voice and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like. If at any time I need to remove photography and audio permission for my child, I understand that the KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH will need written notification.

Naturally Occurring Illnesses

I understand that naturally occurring illness (including, but not limited to, the novel coronavirus or COVID-19), may come to exist in communities such as KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH. I acknowledge that, although KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH is taking reasonable measures to avoid contact, transmittal, and exposure of illnesses between people, it is ultimately up to each individual and family to decide as to whether KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH is a viable option and/or a mitigated risk that they are willing to move forward with. I understand and agree that as a guest of or by sending the minor children listed to KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH, I am accepting and voluntarily assuming the risk of myself and/minor children being exposed and/or becoming ill as a result of an illness in order to utilize services and enter KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH premises.

Accident/Injury

I understand that no accident insurance is provided when participating in KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH programs. In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH will contact emergency medical personnel and, pending their arrival, take those actions that are in KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH judgement to be in the best interests of the participant. I agree to pay for all medical expenses that may be necessary for the health and well-being of me/my child.

Waiver Signature and Agreements

I have read, understand and agree with all of the policies as stated in this document and I have discussed the expectations of behavior with my child/ward. I understand that the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH has the authority to revoke my/my child's right to participate in KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH programs for behavior which is not in keeping with the mission of the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH or for failing to follow the policies/procedures of the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH.

1168 HWY K157 JUNCTION CITY, KS 66441 785-257-3221 RockSpringsRanch.org

The parent/guardian signing below represents by executing this document that they have the full authority to give permission for the minor child to participate in this program and intends unconditionally for the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH to rely upon this representation for all purposes related to the program.

INDEMNITY WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE FOR GUESTS, GUARDIANS OR MINORS

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND THOSE OF MINORS. IT IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU RELEASE KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH AND RELATED PERSONS/ENTITIES FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS.

Assumption of Risk

I, in my personal capacity, or in my legal capacity as the parent/guardian of the minor named above ("Minor"), acknowledge and agree that any use of KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH facilities, services, equipment, and premises ("Facilities") and any participation in KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH programs and activities ("Programs") comes with inherent risks. These include, but are not limited to: (1) personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I, voluntarily, for myself and/or Minor, accept and assume full responsibility for these risks. I also, voluntarily, for myself and/or Minor, accept and assume full responsibility for all other risks of Facilities use and Programs participation. For myself and/or Minor, I agree that I know the nature and extent of all such risks. For myself and/or Minor, I am not relying on all such risks being described in this document. Nor am I relying on any KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH employee, or any other person, communicating them to me.

I understand that Facilities use and Program participation is voluntary. They can be discontinued at any time. I understand that any activities related to, arising out of, or in connection with, Facilities use and Program participation involve some element of risk. I agree, in my own personal capacity, and in my legal capacity as the parent/Guardian of Minor, that in partial consideration of the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH's making these facilities and programs available, I will not try to hold the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH, it's officers, directors, agents, employees, volunteers, insurers, and representatives ("Releasees") liable in damages. This includes damages for any injury or loss to person or property that Minor or I sustain in connection with, arising out of, or related to, the Facilities or Program. I understand that I am hereby releasing the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH, it's officers, directors, agents, employees, volunteers, insurers, and representatives (Releasees) from any liability for any injury to myself and/or Minor arising in connection with, related to, or arising out of, the Facilities or Programs. I, on my own behalf, and that of Minor, give up any right to take any legal or quasi-legal action against Releasees for any injury.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my own, and/or Minor's Facilities use and/or Program participation, I, in my personal capacity, or legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Releasees will not be liable for any personal injury, property damage, disability, death, sickness, or disease incurred by myself, my family members, dependents, or guests, including Minor, however occurring. This includes, but is not limited to, any personal injury, property damage, disability, death, sickness, or disease arising out of, or in connection with, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness, or death sustained from my own or Minor's Facilities use, Program participation, or both.

I specifically agree, on my own behalf, and in my legal capacity as parent/guardian of Minor, to waive any liability arising out of any actual, alleged, or threatened infectious, pathogenic, toxic, or other harmful properties of any "organic pathogen". This includes, but is not limited to bacteria, viruses, or other pathogens, whether or not a microorganism. This waiver applies no matter if such "organic pathogen" results from a local, state-wide, national, or global outbreak, epidemic, pandemic, or unknown cause.

I further agree, on my own behalf, and in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities, or demands of any nature. These include, but are in no way limited to, claims of negligence, which Minor, myself, and all legal successors and proxies may have, now or in the future, against Releasees because of personal injury, property damage, disability, death, sickness, disease, or accident of any kind, arising out of, connected with, or in any way related to Facilities use or Programs participation. This release on behalf of minor and me applies however the injury or damage occurs, including, but not limited to, the negligence of Releasees. It will apply whether participation is supervised or unsupervised.

In further consideration of the use of Facilities and participation in Programs, I, on my own behalf, and, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releasees from all causes of action, claims, demands, losses, suits, liabilities, or costs of any nature at all. These include, but are not limited to, claims of negligence, arising out of or in any way related to the Minor's Facilities use, Program participation, or both.

I further agree, on behalf of myself, and in my legal capacity as parent/guardian of Minor, and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities, or demands of any nature. These include, but are not limited to claims of negligence, which I, Minor, and all legal successors and proxies may have, now or in the future, against Releasees because of personal injury, property damage, disability, death, sickness, diseases, or accident of any kind, arising out of or in any way related Facilities use or Programs participation. I agree that this release, waiver, and covenant not to sue applies however the injury or damage occurs. It includes, but is not limited to the negligence of Releasees. I further agree that it applies whether participation is supervised or unsupervised.

I HAVE READ, UNDERSTOOD, AND VOLUNTARILY AGREE TO THIS WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE AGREEEMENT

_____ _____

Parent/Guardian or Adult Participant Signature Date

CATHOLIC DIOCESE of SALINA

FORM B – MEDICAL INFORMATION

Official legal form for the Diocese of Salina

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth ministry programs and should be completed on an annual basis at the beginning of the program.

Diocese: Salina Parish _____ School _____

Participant's Name: _____

Date of Birth: _____ Place of Birth: _____

Participant's Regular Physician

Name (first/middle/last): _____ Phone (incl. area code):_____

Medical Conditions

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc.):

_____

Physical Condition

List any physical condition which the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect Stings: _____ Fainting Spells: _____

Allergies: _____ Ear Infections: _____

Seizures: _____ Heart Condition: _____

Headaches: _____ Other: _____

Participant's allergies or allergic reactions to medications: _____

Other pertinent information: _____

Dates of last immunizations: MMR _____ TB _____ Tetanus _____

Special dietary needs/restrictions: _____

Medications – prescribed medication currently being taken:

Type: _____ Dosage: _____ How often?: _____

Activities individual should not participate in: _____

Medical Insurance

Company: _____

Plan Number: _____ Employee Identification Number: _____

Emergency Contacts

Parent/Guardian Name (first/middle/last): _____

Daytime Phone (incl. area code): _____ Evening Phone (incl. area code): _____

Other (first/middle/last): _____ Phone (incl. area code): _____

Relationship (friend, neighbor, co-worker, etc.): _____

CATHOLIC DIOCESE of SALINA

FORM C – PARENT OR GUARDIAN MEDICAL CONSENT FORM AND LIABILITY WAIVER

Official legal form for the Diocese of Salina

***Form C** is to be used for any parish, Catholic school, youth ministry and diocesan field trips.*

Diocese: Salina Parish _____ School _____

Destination: _____

Name of Participant (Minor): _____

Home Address: _____ City/State/Zip: _____

Cell Phone: _____ Home Phone: _____ Business Phone: _____

Medical Matters

The parish/school/organization will take all reasonable and prudent care to see that confidentiality regarding the following information is maintained.

I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. I/We understand and acknowledge that any medical expenses related to illness or injury to my/our child are not covered by an insurance program maintained by the parish/school/organization or the Diocese of Salina, and that I/we are responsible for such expenses.

I/We understand that first aid will be available on the above-mentioned trip. I/We further understand that should an accident, injury or illness occur, medical and/or hospital care will be obtained. I/We realize the sponsors will make a reasonable effort to notify me/us in case of accident, injury, or illness; however, should they be unable to contact me/us, they have my/our permission to pursue a course of medical action which is in the best interest of the child.

I/We understand that a reasonable effort will be made to promptly notify me/us in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, in the event I/we cannot be reached, I/we hereby give permission to the physician or health care provider selected by the adult staff to hospitalize, secure proper treatment for, and order whatever injection, anesthesia, or surgery said physician or health care provider deems necessary for the child. A doctor, clinic, hospital, or health care provider may proceed with any medical or surgical treatment that such sponsor may authorize.

I further understand that I will be responsible for all medical, surgical, and transportation costs which may be incurred.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Information

Insurance Company: _____ Policy Number: _____

(If Blue Cross/Blue Shield Insurance, please state if it is Blue Choice, Blue Select, etc.)

Policy Holder: _____ Date of Birth: _____

Occupation: _____

Employer: _____ Employer Phone:_____

Employer Address: _____

Jr. CYO Camp

Youth Packing List

- MEDICATIONS AND ANY MEDICAL SUPPLIES YOU MAY NEED.
- SLEEPING BAG OR SHEETS AND A BLANKET. Campers often suggest bringing a smaller blanket to use at night for group time on the floor as well as a comforter/sleeping bag for sleeping!
- PILLOW
- BACKPACK/DRAWSTRING BAG. Campers often find this helpful for carrying their swimming towel/sunscreen/money/etc.
- FLASHLIGHT
- RAIN GEAR such as a rain jacket or poncho
- JEANS
- LIGHT JACKET
- CASUAL CLOTHING such as t-shirts, shorts, capris. Campers are encouraged to keep in mind the fact that this is a Catholic camp when packing and avoid cut-offs, short shorts, etc.
- ONE-PIECE SWIMMING SUIT OR SWIM TRUNKS. Girls will be required to wear a one-piece and will be asked to wear at-shirt over their suit if they do not have one.
- TENNIS SHOES
- FLIP FLOPS
- HAT
- SUNSCREEN/BUG SPRAY
- REUSABLE WATER BOTTLE
- TWO TOWELS: one for bathing and one for swimming
- BASIC TOILETRIES like shampoo, toothbrush, toothpaste, brush, etc.
- BIBLE, JOURNAL, PEN, ROSARY, PRAYER CARDS. Campers will have scheduled time for prayer, Mass, and adoration, and are encouraged to bring personal items.
- ., ANY SNACKS YOUR CAMPER PREFERS such as candy, pretzels, popcorn, chips, etc. Campers often have group time at night with lots of snack sharing!
- MONEY for snacks, crafts, or shooting activities like trap/rifles.

If you have any questions regarding packing, please do not hesitate to contact the Office of Youth Ministry at (785)827-8746.

RULES FOR THE JUNIOR CYO CAMP

1. No one may leave campgrounds without Bill Meagher's permission.
2. There are restricted areas in camp. Boy's tent area only for boys; girl's only for girls.
3. You must be on time for all assigned activities with your group.
4. You **MUST** wear your name tag.
5. Grounds must be kept clean around the camp area.
6. Silence is to be maintained in tents and cottages after lights are out.
7. Each camper will occupy the tent/cottage assigned. **NO TRADING.**
8. Each camper is responsible for his/her own money and belongings.
9. Show proper respect for camp personnel.
10. Any property damaged by you at camp must be paid for by **YOU.**
11. Any serious transgression of camp rules or continued bad behavior will be punished with immediate dismissal.

ENJOY YOUR CAMP. PLEASE LET US KOW IFTHERE IS ANYTHING WE CAN DO FOR YOU.

Bill Meagher