2017 APTSDF Southwest Regional Leadership Camp

June 9, 10, & 11

Camper and Chaperone Registration Packet

Are you ready? We hope you are just as excited as we are and hope you can join us for this years camp! Please fill out the applicable forms and return them to your instructor by May 20, 2017

1. APTSDF 2017 Southwest Leadership Camp Form

2. APTSDF 2017 Southwest Leadership Camp Emergency Contact Form

3. Sponsor a Child Camper Form (optional)

4. Camp Butman Registration Forms

5. Medication Form (ONLY if you will bring medication with you to camp. Medications will be checked in with our EMT on site.

Serve , Lead, Inspire

Can You See Yourself?

Only complete this information if you are filling out your Camp application on a computer. It will automatically populate the various forms you will need. Once filled out, Save and Print this file. You will then need to sign the various forms.

Save | Clear Form | New Family Member | Print

* - Indicates Required Information

Today's Date*	
Camper Information	
Camper's First Name*	
Camper's Middle Name/Initial	
Camper's Last Name*	
Camper's Birthdate*	
Camper's Age*	
Camper's Street Address*	
Camper's City*	
Camper's State*	
Camper's ZipCode*	
Camper's Sex	Male ☐ Female ☐
Camper's Phone Number*	
Camper's email address	
Camper's Grade this Fall	
Camper's Belt Rank*	N/A - Chaperone
Camper's Instructor*	N/A - Chaperone
Camper's School*	Abilene Karate Academy
School Address*	Aurora, CO
If a minor, Parent's Name	
If a minor, Parent's Phone*	
Camper T-shirt Size	Child S ☐ M ☐ L ☐ Adult XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐
Emergency Contact Name*	
Emergency Contact Relation to Camper*	
Emergency Contact Street Address*	
Emergency Contact City*	
Emergency Contact State*	
Emergency Contact Zip*	
Emergency Contact Phone*	

Financial Information				
Do you wish to sponsor another Camper?	¼ of the cost ($37.50) ☐			
	½ of the cost ($75) ☐			
	Full cost ($150) ☐			
Additional Extra-curricular Activities (pool is already included [$0]) You may choose up to 2 Chaperones may participate if accompanying child	High Ropes (minimum age 14+)	High Series Ropes	$7	☐
	Low Ropes		$4	☐
	High Ropes Element (Zip line) (ages 12+)	Zip-Line, Flying Squirrel, Challenge Pole	$6	☐
	Rock Wall (40 lbs+)	3 walls	$6	☐
Total Amount Due (For this Camper): Student: $150 + Sponsorship + Extra-curricular Activities Chaperone: $100 + Sponsorship + Extra-curricular Activities	Amount $150.00		Check #	

Medical Information	
Insurance Company Name*	
Insurance Company Phone Number*	
Insurance Company Group/Policy Number*	
Insurance Company ID Number*	
Medications (List any medications the camper is/will bring to camp)	
Dosage of Medications (How much, when, etc.)	
If a minor, other than Parent/Guardian, who else may bring your child home from Camp?	
Physician Name* and Phone*	Name Phone

Health History: Check answers as appropriate for Camper.	Yes	No	Remarks/Explanations/Dates
1. Has camper had or currently have heart problems? Please list dates	☐	☐	
2. Does camper routinely experience pains in their chest?	☐	☐	
3. Does camper often feel faint or have spells of severe dizziness?	☐	☐	
4. Has a doctor ever told camper they have high blood pressure?	☐	☐	
5. Does camper have arthritis, joint or back problems?	☐	☐	
6. Is camper bothered by exercise or experience pain from physical activities?	☐	☐	
7. Has camper had any operations or serious injuries? Please list dates	☐	☐	
8. Does camper have disabilities or chronic recurring illness? Please list	☐	☐	
9. Are there any activities camper's doctor has limited or discouraged 7	☐	☐	
10. Does camper have Epilepsy or seizures?	☐	☐	
11. Does camper have Diabetes?	☐	☐	
12. Does camper have a prescribed meal plan or dietary restrictions?	☐	☐	
13. Is camper currently sick or taking medication? Please list	☐	☐	
14. Is camper allergic to any medicines, insects or pollen? Please list	☐	☐	
15. Does camper have any type of health insurance or coverage?	☑	☐	

2017 APTSDF Southwestern Leadership Camp

June 9th, 10th, & 11th

Date / Time:	**Friday 6/9/17, check-in is 4pm to 5pm**
Where:	Butman Methodist Camp & Retreat Center
Participant Fees:	**$150.00 for Leadership Camp** **Parents of testing students: You may stay the weekend and enjoy the amenities and surroundings for as little as *$100.00* as long as you are willing to act as a chaperone.**
Equipment:	Traditional White Uniform & Belt, Sparring Gear, Staff , Practice Knife, Practice Sword, Short Sticks & Nunchucks if you own them. Shorts, T-Shirts, Jeans, Sneakers, Sleeping Bag or Bed Linens, Pillow,Towels etc.
Registration:	**PRE REGISTER ONLY, must be received no later than 5/20/16**
Information:	Master Peter Estrada – Camp Manager – For Info call **(325) 668-6477** Camp Director/Grandmaster John St. James Atlantic-Pacific Tang Soo Do Federation. 770-614-0006

To Register Complete Entry Form Below, cut on dotted line and return with your fee made payable to:

Atlantic Pacific Tang Soo Do Federation

Mail To:
APTSDF
PO Box 3225 Suwanee, GA 30024 or you may register on-line at www.APTSDF.com

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2017 SW Leadership Camp
June 9th, 10th, & 11th
Official Registration

NAME:_____**AGE:**_____ **M/F: M**☐ **F** ☐

ADDRESS:_____**CITY**_____**STATE**_____**ZIP**_____

BELT RANK N/A - Chaperone **INSTRUCTOR** N/A - Chaperone

SCHOOL NAME: Abilene Karate Academy **SCHOOL ADDRESS:** Aurora, CO

T-shirt Size: Child S☐ **M**☐ **L**☐ **Adult XS**☐ **S**☐ **M**☐ **L**☐ **XL** ☐ **XXL** ☐

Extra-Curricular Activities (You may choose no more than two (2)—this cost is in addition to Camp Registration)	**High Ropes Course $7 (14yo+)** ☐	**Low Ropes Course $4** ☐
	Zipline $6 (12yo+) ☐	**Rock Wall $6 (40# +)** ☐

Payment Amount: Camp Fee (Must be received by 5/20/16) $150.00
(Please add $4 per additional extra-curricular activity)

Total Amount Due: $150.00 **(Made payable to the APTSDF**

Please make sure there is a separate registration form and emergency info sheet for each participant including chaperones. Absolutely No Refunds Whatsoever!

LIABILITY WAIVER

I heareby submit my application for registration in the 2017 APTSDF SW Leadership Camp. I agree to waive all claims against any and all persons, The Atlantic Pacific Tang Soo Do Federation, Butman Methodist Camp & Retreat Center, Karate World, Inc., and their officers and agents, for any injuries I may sustain related to said camp. I also assume full responsibility for all my actions in connection with said camp. I understand that the Atlantic Pacific Tang Soo Do Federation may use any pictures of me participating in said camp.

Entrant Signature _____Date_____

Guardian Signature _____Date_____

(Must be signed by guardian if entrant is under 18)

*****Note: All participants MUST attach a completed camp emergency information sheet*****

APTSDF

2017 SW Leadership Camp

Emergency Information Form

PARTICIPANT NAME: _____

EMERGENCY CONTACT NAME: _____

RELATION TO PARTICIPANT: _____

ADDRESS:_____ CITY: _____ STATE: _____ ZIP:_____

EMERGENCY PHONE: _____

INSURANCE COMPANY NAME:_____

INSURANCE PHONE NUMBER: _____GROUP NUMBER: _____

ID NUMBER:_____

I hereby give my permission for the Atlantic Pacific TSD Federation Leadership Camp staff to seek emergency medical attention for the above named person. I, the undersigned, for myself, my heirs, executors and administrators, do hereby waive, release and forever discharge any and all rights and claims for damages which I may have for officers of the Atlantic Pacific Tang Soo Do Federation, representatives of APTSD Federation, Butman Methodist Camp & Retreat Center, successors, Camp Staff, my own studio, my own instructor, or anyone affiliated with the camp for any and all damages which may be sustained by me.

Entrant Signature _____Date_____

Guardian Signature _____Date_____

(Must be signed by guardian if entrant is under 18)

2017 Southwest Regional Leadership Camp

SPONSOR A CHILD CAMPER

Would you like to also sponsor a child that cannot afford the full price of camp? Can't go yourself but want to support someone else? Leadership camp offers specialized training for all ages and ranks in a relaxing outdoor environment. Give a child an experience they will remember for a lifetime.

If you would like to sponsor a child, please fill out the following information

My Name or Company:

_____

(501c3 Tax Deductible Donation)

I would like to sponsor

- ☐ **¼ the cost of camp $ 37.50**
- ☐ **½ the cost of camp $ 75.00**
- ☐ **1 full slot for camp $150.00**

How will you pay (circle one): CASH – CHECK # _____ Made out to APTSDF

Thank you and Tang Soo!!

Medical Exclusions

An ill camper cannot be accepted for a camping event. If on the day of camp one or more of the following exist, please do not bring your camper to camp.

- The illness prevents the camper from participating comfortably in camping activities.
- The illness results in a greater need for care than the staff can provide without compromising the health, safety, and supervision of the other campers.
- The camper has any of the following:
    - Temperature of 100 F or higher; Armpit temperature 99 F or higher
    - AND has behavioral changes or other signs and symptoms of illness until medical evaluation indicates that the camper can be included in camping activities OR
    - Symptoms and signs of severe illness, such as:
        - Lethargy
        - H1N1 Virus
        - Difficulty breathing
        - Uncontrolled Diarrhea (2 or more loose, watery stools in 24 hours)
        - Vomiting illness (2 or more episodes in 24 hours)
        - Rash with fever
        - Mouth sores with drooling
        - Head lice
        - Wheezing
        - Behavior change or other unusual signs

        UNTIL medical evaluation indicates that the camper can be included in camping activities, Or
    - The camper has been diagnosed with a communicable disease, UNTIL medical evaluation indicates that the camper is no longer contagious and is able to be included in camping activities.

BUTMAN
METHODIST CAMP
& Retreat Center
Merkel, Texas

Welcome to Butman Camp

Office Hours:

Monday– Friday 8:30AM-5:00PM
Saturdays (when Staffed)
Closed Sunday

*There is an on-call staff member available after hours as well as Sundays:
325-846-4212

Conference Room Trash

- If full put out on the street next to the curb
- Trash is picked up once daily
- Before 4:00pm
- Please don't put out after 4PM

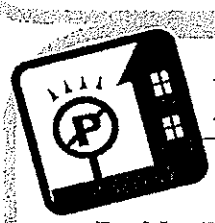
Wi-Fi

Wi-Fi available at
- Irvine Lodge & all meeting rooms
- Most lodging
- The office
- Password (baseball)

Please

- No Pets
- No Alcohol
- No Smoking indoors (outside in designated areas only)
- No Fireworks
- Be considerate of your noise level

Parking



- Do Not Park on the grass
- Do Not Park on the main roads
- Do Not Park blocking handicap ramps
- Park in the designated parking areas ONLY
- Lock valuables up in car
- Lock up car

Campfires

- Allowed only if not on a Burn Ban or high winds. (check with office upon arrival)
- Firewood is provided
- Matches and lighter fluid will be in your conference room upon request or picked up at dining hall
- Please put out all fires when finished with the water hose that is at the sight

BUTMAN
METHODIST CAMP
& Retreat Center
Merkel, Texas

What To Bring to Camp

Bedroll, or twin sheets, blanket, pillow, towel, washcloth, soap, shampoo, toothbrush, toothpaste, deodorant, bible, pen & paper, **Modest** swimsuit, swim shoes or flip flops for pool time and or shower time, sunscreen, flashlight, appropriate sleep wear, mosquito repellent, suitable outdoor clothing - warm days/cool nights (**put your name on your gear**).

Do Not Bring: Cell phones, *fireworks, roller blades, stereos, CD Players, MP3 Players, or any other electronic devices.*

Disclaimer and Acknowledgement

Camp Activities at Butman Methodist Camp & Retreat Center may include but are not limited to: swimming, hiking, sports, water slide, group games, Challenge Course and Climbing Wall, and any or all other activities. I do hereby assume all risk of the above and any other ordinary risk incidental to the camp setting and will hold the NWTX Conference, Butman Methodist Camp & Retreat Center and their Trustees, employees and agents harmless from any and all liability.

I also understand that liability of insurance is first the responsibility of the entity or group camper(s)/participant(s) came with and second of liability insurance responsibility is camper(s)/participant(s) and or custodian parent/guardian. Butman Methodist Camp & Retreat Center does hold the state required liability insurance coverage.

I hereby grant permission to Butman Methodist Camp and Retreat Center to use photos of the registered camper/participant, taken during activities at camp, for publicity purposes, in advertising materials, social media, or on the camp's web site.

By signing below you are agreeing to the terms and conditions of the above statements.

Applicant Signature:_____ Date:_____

Detach and Bring With You to Camp
Transportation Permission If Other Than Parent/Legal Guardian

Camper's Name:

_____

List Name Of Person(s) Approved To Transport Your Child Home From Camp:

_____

Parent/Guardian's Signature:

_____

Butman Methodist Camp & Retreat Center

Camper Release Form

Please print legibly and fill out form completely. In an emergency we must be able to read this information.

Camp Attending:	*Organization:*

Camper's Name: First	*Middle*	*Last*
Birth Date: (mm/dd/yy)	*Gender:* ☐ *Male* ☐ *Female*	*Grade this Fall:*
Home Address:	*City/State/Zip:*	
Primary Phone:	*E-mail:*	

Custodial Parent or Guardian Emergency Contact Information:	*Additional Emergency Contact Information:*
Name:	*Name:*
Address:	*Address:*
City/State/Zip:	*City/State/Zip:*
Primary Phone:	*Primary Phone:*
Alternate Phone:	*Alternate Phone:*

Family Physician Name:	*Family Physician Phone:*

	Health History: Check answers as appropriate for Camper.	*Yes*	*No*	*Remarks/Explanations/Dates*
1	Has camper had or currently have heart problems? Please list dates			
2	Does camper routinely experience pains in their chest?			
3	Does camper often feel faint or have spells of severe dizziness?			
4	Has a doctor ever told camper they have high blood pressure?			
5	Does camper have arthritis, joint or back problems?			
6	Is camper bothered by exercise or experience pain from physical activities?			
7	Has camper had any operations or serious injuries? Please list dates			
8	Does camper have disabilities or chronic recurring illness? Please list			
9	Are there any activities camper's doctor has limited or discouraged ?			
10	Does camper have Epilepsy or seizures?			
11	Does camper have Diabetes?			
12	Does camper have a prescribed meal plan or dietary restrictions?			
13	Is camper currently sick or taking medication? Please list			
14	Is camper allergic to any medicines, insects or pollen? Please list			
15	Does camper have any type of health insurance or coverage?	✔		

Please see reverse side of this form.

Insurance provider:	*Policy number:*
Medications/Comments:	

Emergency Authorization
To the best of my knowledge this health history is correct. I believe that the above named Camper's health is satisfactory to participate in camp activities including but not limited to: sports, ropes course, climbing wall, swimming pool, hiking and recreational activities. In the event of an emergency and I am unable to be reached, I hereby give my permission to the Butman Camp Staff to select medical personnel and to order injection and/or anesthesia and/or surgery for the above named Camper. Such authorization for emergency treatment shall also include but not be limited to, charges incurred for aid provided or arranging evacuation if Butman Methodist Camp & Retreat Center or its agents determine such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and for any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on Camper's participation in any camp activities.

Hold Harmless
I agree to hold harmless Butman Methodist Camp & Retreat Center, Board of Trustees, Staff, Employees or Volunteers and the Northwest Texas Conference of the United Methodist Church for any injuries that might occur as a result of being at Butman Methodist Camp & Retreat Center or participating in any of the activities at camp including but not limited to: sports, ropes course, climbing wall, swimming pool, hiking and recreational activities at the camp or in any of its facilities.

Photo Release
I hereby grant permission to Butman Methodist Camp & Retreat Center Staff, Employees and Volunteers to use photos of the above named participant. I understand these photos were taken during activities at the camp and may be used for but not limited to: Foundation and Grant applications; DVDs sold to campers; publicity purposes; socialmedia; advertising materials; or for use on the camp's website. I also understand, for every camper's protection, Butman Camp only publishes school, organization or group names and does not publish the names of individual campers or participants.

Printed Name of Custodial Parent(s) or Guardian(s): *Please Print Legibly*	
Name:	Name:

Signature of Parent(s)/Guardian(s):	*Date:*

MED 300

Medication Form

For the safety of each camper, all medication, prescription or non-prescription drugs will be held at the camp nurse's station and administered by camp-approved, certified medical personnel, who are on duty 24 hours a day.

If you need to send medication to camp, please put it along with the completed form below in a zip-lock bag. Please DO NOT send any medication that is not absolutely necessary.

All medication must be in its original containers from the pharmacy. No blank pill bottles or daily medication boxes. Be sure to make the form visible in the bag.

PUT THIS FORM IN THE ZIP-LOCK BAG ALONG WITH THE MEDICINE

THIS MEDICATION BELONGS TO _____

CAMPER'S CHURCH APTSDF _____

DOSAGE _____

_____

PARENT'S NAME _____

DAY PHONE _____ NIGHT PHONE _____

DOCTOR'S NAME _____

DOCTOR'S PHONE _____