

# Kansas City Indian Center Culture Camp 2016

Noon on June 15<sup>th</sup> – Noon on June 19<sup>th</sup>  
At Rotary Youth Camp - 22310 NE Colbern Rd, Lee's Summit, MO 64086

## CAMPER APPLICATION

Camp Fee: \$15 – received by May 18<sup>th</sup>                      \$20 – received May 19<sup>th</sup> – June 1<sup>st</sup>

**NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 1ST**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Preferred Name \_\_\_\_\_ Tribe(s) if applicable: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number(s): H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Person to Notify if Parent(s)/Guardian(s) cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional person(s) authorized to pick up child and their relation: \_\_\_\_\_

Dietary Restrictions (e.g., gluten-free): \_\_\_\_\_

T-Shirt Size (circle one): Youth Sizes: Small Medium Large      Adult Sizes: Small Medium Large XL XXL XXXL

As parent/guardian of the above child, I have read and understand the policies of KCIC's American Indian Culture Camp and in signing this form, agree to said policies. I agree that my child will abide by the rules and discipline policy set forth by the Kansas City Indian Center Culture Camp Program while attending camp and participating in the activities. These documents can be reviewed on the website at [www.kcindiancenter.org](http://www.kcindiancenter.org). I assume full responsibility for any damage to person(s) or property caused by my child.

I hereby expressly waive any claim of liability against the Kansas City Indian Center Culture Camp and Kansas City Rotary Club Youth Camp 13, including its employees and representatives, and release them from any and all liability in connection with the activities at Culture Camp 2016.

I hereby give the Kansas City Indian Center Culture Camp Staff permission to seek medical attention for my child in the event that my contact persons or I cannot be reached and the medical treatment is absolutely necessary. I agree that the payment of such bills will be my sole responsibility.

I hereby give the Kansas City Indian Center, and its sponsors and affiliates the absolute right and permission to copyright, publish, televise, and use photographs, or audio recordings, or video tapes of my child, in which he/she may be included.

Parent/Guardian Signature/Date: \_\_\_\_\_

# MEDIA RELEASE

I \_\_\_\_\_ (“Employee/Volunteer/Camper”), hereby irrevocably assign to Rotary Club 13 and its Website Development (“Media”) the right to record my voice and likeness for use in media production (the “Production”).

In assigning these rights, Employee/Volunteer/Camper grants to Media and its successors, assigns, and licensees the full and irrevocable right to produce, copy distribute, exhibit, and transmit Employee/Volunteer/Camper’s voice and likeness in connection with the Production by means of broadcast or cablecast, videotape, film, website, or any other electronic or mechanical method now known or hereinafter invented.

Employee/Volunteer/Camper acknowledges that any picture or recording taken of Employee/Volunteer/Camper under the terms of this license will become the sole and exclusive property of Media in perpetuity. Employee/Volunteer/Camper and Employee/Volunteer/Camper’s heirs and assignees shall have no right to bring legal action against Media for any use of the pictures or recordings, regardless of whether such use is claimed to be defamatory or censorable in nature.

Employee/Volunteer/Camper further acknowledges that Media shall have the right to use Employee/ Volunteer/Camper’s name, portrait, picture, voice and biographical information to promote or publicize the Production and to authorize others to do the same. However, nothing shall require Media to use Employee/Volunteer/Camper’s name, voice, or likeness in any of the manners described in this license or to exercise any of the rights set forth herein.

Employee/Volunteer/Camper warrants and represents that he or she is free to enter into this license and that this agreement does not conflict with any existing contracts or agreements to which the Employee/ Volunteer/Camper is a party. Employee/Volunteer/Camper agrees to hold Media and any third parties harmless from and against any and all claims, liabilities, losses or damages that may arise from the use of Employee/Volunteer/Camper’s voice or image in the Production. Employee/Volunteer/Camper understands that in proceeding with the Production, Media will be relying upon the foregoing consent, permission, and indemnity.

It is agreed that the foregoing grant of rights is made for promotional consideration only, and Media’s exercise of the grant of rights shall be deemed full and complete consideration for such grant.

I acknowledge that I am the legal guardian of the Employee/Volunteer/Camper described above. Acting as the Employee/Volunteer/Camper’s legal guardian, I consent to the terms of this license and to the granting of the rights described herein. I also consent to indemnify and to hold harmless Media and all third parties against claims that may arise from the use of the minor’s name, image or likeness in the Production.

\_\_\_\_\_  
Employee/Volunteer/Camper (Print)

\_\_\_\_\_  
Employee/Volunteer/Camper (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian of Employee/Volunteer/Camper (Signature)

\_\_\_\_\_  
Date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM  
**INCOME ELIGIBILITY FORM**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program

**PART 1 CHILDREN ENROLLED IN THE PROGRAM**

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)**

Hispanic or Latino:  YES  NO

Race:	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct and true and that all income is reported.. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR SPONSOR USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> 2 X A MONTH <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> WEEKLY <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination:  Eligible  Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE