

**COUNSELOR IN TRAINING (CIT) APPLICATION (AGES 15-17) Camp Fee: \$20.00
Kansas City Indian Center Culture Camp**

Thursday, June 7th at 9am to Tuesday, June 11th at Noon

NO APPLICATIONS WILL BE ACCEPTED AFTER MONDAY, May 17th

Mail to: Kansas City Indian Center, 600 West 39th Street, Kansas City, MO 64111

OR Submit application via email: information@kcindiancenter.org and payment online.

Return ENTIRE application packet and \$20 camp fee. (to apply for campership check this box)

We will be accepting a limited number of CITs. (more information on the following page)

CIT Name: _____ **Age:** _____ **Gender:** _____

Tribes(s) if Applicable: _____

Parent/Guardian Name(s): _____

Address (Street, City, State, Zip): _____

Email Address: _____

Phone Number(s): H _____ W _____ C _____

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

Name: _____ **Phone:** _____ **Relationship:** _____

Additional person(s) authorized to pickup child and their relation: _____

Dietary Restrictions?

Gluten-free, allergy, etc., complete the Special Dietary Requests Form and check this box.

Please Mark T-Shirt Size (check 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 available on the website at www.kcindiancenter.org and in signing this form or electronically submitting this form, agree to said policies. I agree that my child will abide by the rules and discipline policy while attending camp and participating in the activities. 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 2024.

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 they may be included.

Parent/Guardian Signature: _____ **Date:** _____

If submitted electronically, this will constitute as your signature and an additional signature may be required at check-in.

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We will be accepting a limited number of CITs. In order to help with this process, we will be conducting phone interviews. To allow for this process to run smoothly please have the CIT applicant fill out the below information:

CIT Name: _____ **Age:** _____

Has the applicant attended our camp before?

No, how did you hear about us? _____

Yes, how many years? Have you been a CIT before? _____

What is a good phone number/e-mail to contact you for an interview?

Please use the below space to add any other information you would like to share including: (best times to schedule an interview, cabin preferences, etc.)

Acknowledgement

I acknowledge receipt of the Kansas City Indian Center Camp Policies and understand that this document supersedes all prior documents and any other verbal or written agreements. I have read and understand the camp policies.

I shall endeavor to understand and faithfully interpret the camp philosophy, objectives, and goals in my relationship with campers and all staff.

I shall conduct myself in an exemplary manner, recognizing that I am a role model for campers. By my behavior, I will always try to demonstrate high moral values. I recognize that my conduct when I am away from the camp premises also reflects on the camp.

I shall always seek to be truthful, honest, and fair in my communication and interaction with campers and all staff including directors.

I accept the challenge of helping campers increase their awareness of and responsibility to others and to the world of nature, helping them gain in self-confidence and self-concept, and of teaching them new skills.

I shall refrain from abusive language and any form of corporal punishment or embarrassment in my dealing with campers and other staff.

I shall be accepting of the diverse racial, national, religious, and cultural background of my campers, and not seek to impose my own particular views.

Signature: _____ Date: _____

If submitted electronically, this will constitute as your signature and an additional signature may be required at check-in time.

Special Dietary Requests

The parent/guardian of each Camper/Staff with dietary restrictions needs to fill this out.

This sheet **MUST** be returned to Rotary Camp ASAP and at least 2 weeks before the camp session.

User Group: _____

Camper name: _____

Parent/Guardian name: _____

Parent/Guardian email: _____

Parent/Guardian phone#: _____

I will contact the parent/guardian to clarify before the camper arrives.

Food Allergies:

Brands preferred of specialty items (Daiya, Almond Breeze, etc.)

Non-food allergy requests:

___ Vegetarian

___ Vegan

___ No pork items

___ Other (please explain)

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

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Rotary Club Youth Camp's Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Rotary Club Youth Camp activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with camping participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with camping participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.** **Participating in Rotary Club Youth Camp programs or accessing Rotary Club Youth Camp facilities could increase the risk of contracting COVID-19. Rotary Club Youth Camp** in no way warrants that COVID-19 infection will not occur through participation in Rotary Club Youth Camp programs or accessing Rotary Club Youth Camp facilities.

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Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Rotary Youth Camp's camping program, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** Rotary Club Youth Camp and Rotary Youth Camp Association, their respective officers, directors, employees, volunteers, agents, representatives, affiliated non-profit entities, and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Rotary Club Youth Camp on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Rotary Club Youth Camp facilities/equipment or participation in Rotary Club Youth Camp programs whether that participation is supervised

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or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Rotary Club Youth Camp's camping program, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's camping participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in camping participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in camping and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in camping.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

Dear Parent or Guardian:

The Rotary Youth Camp serves nutritious meals every day to our campers and counselors at KCIC Culture Camp. They participate in the Summer Food Service Program, which is funded by the U.S. Department of Agriculture and administered by the Missouri Department of Health and Senior Services.

Rotary Youth Camp receives reimbursement for meals served to children meeting the eligibility requirements for free or reduced-price school meals. We MUST document eligibility by obtaining family-size and income data. If your yearly income is equal to or less than the amount listed below for your family size, your child is eligible for free or reduced-price meals. If your child is a member of a household receiving assistance under the Supplemental Nutrition Assistance Program (formerly known as food stamps) or the Temporary Assistance for Needy Families (TANF) program, he or she is **automatically** eligible when your case number is listed on the Income Eligibility Form.

An Income Eligibility Form must be filled out for EVERY camper under the age of 18 regardless of income or eligibility. If you do not meet the income eligibility criteria, you may write “Exceeds Criteria” in Part 2 of the Income Eligibility Form rather than detailing household income.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$25,142	5	\$60,070
2	\$33,874	6	\$68,802
3	\$42,606	7	\$77,534
4	\$51,338	8	\$86,266

For each additional family member add, \$8,732

If your child is a member of a household receiving assistance under the Supplemental Nutrition Assistance Program (SNAP [formerly Food Stamps]) or the Temporary Assistance for Needy Families (TANF) Program, he or she is automatically eligible when your case number is listed on the IEF.

In order to apply for meal benefits, the attached form must be completed according to the directions below: Parts 1, 2, and 4 of the IEF are required to be completed, except if SNAP or TANF benefits are documented, then only Parts 1 and 4 are required.

Part 1: Children enrolling at Camp

List all of the children in the household for whom the application is made, this includes foster children. Indicate the birth date of the child.

Foster Children: Children whose care and placement is the responsibility of the State or have been placed by a court with a caretaker are eligible for free meal benefits without completing an IEF. You must provide appropriate documentation for verification. You may include a foster child as a household member on the application if also claiming non-foster children.

Supplemental Nutrition Assistance Program (SNAP) or TANF households: If you currently receive benefits from SNAP or TANF please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete Part 2.

Part 2: Household and Income Information

List the names of **everyone** who lives in your household. Include parents, grandparents, all children, foster children, other relatives, and unrelated people who live in your household. Report the monthly income by source for each household member. The income reported on the application must include all income before deductions. If your household exceeds the income guidelines, please write “Exceeds Criteria” in the space for gross wages.

Part 3: Ethnic and Racial Information - Completion is voluntary.

Part 4: Signature

The adult household member completing the application must sign and date the application. If the household does not receive SNAP or TANF benefits, the adult signing the application must provide the last four digits of their social security number. If the adult does not have a social security number, write "none" in the space provided.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
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.

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

Eligibility Determination: Eligible Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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