

13th Annual

Active Healthy Self Camp

Date: July 22 - 26, 2019

Time: 8:30 a.m.-11:30 a.m.



Age: Fall 2019 Kindergarten- 6th grade

Location: Sports Complex Football Field
Herington Schools, N D St, Herington, Kansas

Cost: \$5.00 per child

(Registrations will be accepted until the limit of 100 campers is reached.)



This camp will focus on educating youth about fun ways to engage in daily physical activities. The camp will be split into four age groups. Campers will learn lifetime activities such as golfing, disc golfing, team sports, racquet sports, swimming, bowling, and fitness. Most activities will be held outside. If camp is canceled due to inclement weather, the cancellation will be posted on the camp's Facebook page: **Active Healthy Self Camp**

Return registration form and fee to:

Your school by last day of school

or send/deliver this form with the \$5 fee per child to:

AHS Camp

USD #487

19 N Broadway

Herington, Kansas 67449

For more information call Shirley Meyer at 785-258-3870 or USD 487 Office at 785-258-2263.

Sponsored By: USD #487, #481, #397, Herington Recreation Commission, United Way of Dickinson County, Kids in Crisis, Dickinson County Health Dept, Thrivent Financial, Centre Education Foundation

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See back for additional information

THINGS YOU NEED TO KNOW

A: Please wear tennis shoes. No flip flops or sandals. Socks are required the day of bowling.


B: Shorts and t-shirts are preferred. A camp t-shirt will be given out one day to be worn on the following day for pictures.

C: Water and water bottles will be furnished.

D: Insect repellent and sunscreen should be applied to your child before camp each day.

E: No personal items should be brought to camp. We will be moving around and they are easily lost.

F: You will be notified which day will be swimming. Your child should **wear** a swim suit under their shorts and shirt and bring a towel.

G: If camp is cancelled for the day because of weather it will be posted on the **AHS Camp Facebook** page . Like us on  to stay informed!

Can't wait to see you at camp!!!!

AHS Camp 2019
Registration Form
Return with \$5; \$10 if Friday night camping

Child's Name _____

Parent's/Guardian's Name _____

Address _____ City _____

Phone Number _____ Email _____

Grade for Fall 2019 _____ County of Residence _____

If your child will be a **Fall 2019 sixth grader**, will she/he participate in the **Friday night camp out**? See attached sheet for more information.
(circle one) **Yes** **No**

T-Shirt Size: circle one Youth S YM YL Adult S AM AL

USD #397 will provide transportation from Centre High School .
I plan to use transportation from Centre High School. **Yes** **No**

USD #481 will provide transportation from Hope High School .
I plan to use transportation from Hope High School. **Yes** **No**

Will your child be walking, biking, or picked up by an adult? **YES** or **NO**
If being picked up, please give names of persons authorized for pick up.
Names: _____

SEE BACK FOR MORE INFORMATION



FOR OFFICE USE ONLY
Check _____ or Cash _____ Date Rec'd: _____

2019 AHS CAMP
CONSENT FOR MEDICAL TREATMENT/TRANSPORTATION and
RELEASE OF LIABILITY

CHILD'S NAME (print): _____

I, _____,
parent or legal guardian of the above-named child, hereby consent to any emergency medical treatment that may be necessary for my child, as deemed necessary or advisable by medical professionals, during my child's participation at the Active Healthy Self (AHS) Camp.

Further, I also give consent for my child to be transported by USD #487 and/or USD #481 and/or USD #397 transportation service as necessary for my child's participation in the camp.

In exchange for the provision of transportation services and for the above-named child's participation at the 2019 AHS camp, I hereby release USD #487, #481, and #397 and camp organizers and staff from any claims, including claims of negligence, arising from my child's attendance at the AHS Camp and use of transportation services.

Date

Signature of parent/legal guardian

Printed Name (Parent/Legal Guardian)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of Emergency Contact Telephone Number

Insurance Provider Policy Number

Family Physician's Name Family Physician's Phone Number

Any allergies or drug sensitivities: Yes or No If yes, please list: _____

Date of most recent tetanus booster: _____
Mm/dd/yr

Any other medical information that is important to your child's participation in the camp:

Overnight Camping

Overnight tent camping will be offered again this year on Friday night for campers **entering 6th grade in Fall 2019. Sixth graders who wish to participate in overnight camping should** sign up at the time of registration. There will be an additional \$5 fee to cover the cost of food for Friday supper, campfire snack, and Saturday breakfast..

- WHEN -Immediately following Friday morning camp to 10:00 a.m. Saturday
- WHERE - at Schmidt's Look Out at Herington Reservoir
- Children will be transported from school football field to campsite and returned to Herington school football field Saturday morning for parents to pick up at 10:00 a.m.
- WHAT TO BRING -
 - Sack lunch (no pop, please) for Friday noon - (it will be placed in a cooler during Friday morning camp)
 - Bed roll - lightweight sleeping bag OR blanket and sheet; pillow
 - Clean pair of shorts and t-shirt to sleep in
 - Personal items - comb, toothbrush, toothpaste, small towel or washcloth (soap will be provided)
 - Flashlight
 - Lawn chair (optional)
 - Group games/activities (check with Shirley Meyer for appropriateness)
- Emergency contact cell phone number Tom Flax, 785-630-0296. (Campers should not bring cell phones, i-pods, etc as they are distracting and easily lost. They will be collected and secured during the camping time.)