



## **SPECTACULAR --- All-Camp Policies and Expectations**

Our mission is to provide a safe, Christ-centered community that encourages young women and men to discover God, their inherent worth and cultivate and express their giftedness. In order to ensure this mission is lived out, we have some simple expectations and policies in place.

### **What you can expect from SPECTACULAR leadership:**

- We are committed to uphold the staff and campers in prayer.
- We are committed to provide a ministry that allows for a growing relationship with Jesus Christ and upholds the values of SPECTACULAR.
- We are committed to open and ongoing communication with delegation staff and campers via email and social media.
- We are committed to uphold the expectations of staff and campers.
- We are committed to support and partner with delegation leaders to work through any situations that may require disciplinary action.
- We are committed to creating an intentional Christian community.

### **Guest Policy**

Guests are welcome to visit SPECTACULAR. In order to promote the safety of our SPECTACULAR community, the following procedures must be followed.

- Guests must stop by the SPEC office to sign in and receive a wrist band that will identify them as a guest.
- Guests must arrange for their own housing off-campus.
- Meals and other camp activities are not provided.
- Please limit stay to one or two days.

### **Release and Consent**

Please read each of the following Release and Consent Statements, and sign the registration form.

#### **Medical Treatment Consent**

I, as parent, legal next-of-kin, or guardian of the registrant listed on this form hereby authorize any necessary medical treatment for this person.

I also guarantee payment of all charges incurred during this medical treatment. (Physician, hospital, x-ray, lab, drugs, ambulance, etc.)

#### **Activity Participation Consent**

I specifically consent for the registrant's participation in activities offered by SPECTACULAR, including but not limited to boating, swimming, organized and informal sports events.

I have deleted any items from the preceding list to which I do not give consent for participation. I certify that the registrant has the necessary skills to participate in any of the approved activities (i.e. if boating is approved, the participant can swim).

#### **Liability Release**

The parent, legal guardian, next-of-kin, or participant signing the reverse of this page acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur.

In consideration for being accepted for participation at SPECTACULAR, the parent/guardian does for myself and for and on behalf of this registrant, if said registrant is not 21 years of age or older, hereby release, forever discharge and agree to hold harmless Community of Christ, SPECTACULAR, Graceland University, and the directors, agents, and employees thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the registrant that occur while said registrant is participating in SPECTACULAR.

The parent/guardian further agrees to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

#### **Photo Release**

In consideration of the right of the registrant to participate in this activity, I hereby give consent to and authorize the taking of photographs or video in which the registrant may appear. I hereby waive all right of privacy in and to any said pictures or videos.

## **SPECTACULAR ---**

### **Camper Expectations and Commitment of Support**

This Covenant was created to help campers understand and abide by expectations of SPECTACULAR campers. It will help foster a respectful, safe and healthy environment in which we can explore our faith, make new friends, worship and learn together.

*Please review and sign this covenant with your parent or legal guardian:*

- Because God calls us to create sacred community with each other, I covenant with God and other campers and staff to uphold the values of SPECTACULAR and conduct myself in a manner that promotes a community of faith.
- I will participate in all activities and work with others to learn and grow from my experiences.
- I will treat all people with dignity and respect. Yes...I know that means no insults, sexual innuendos, degrading speech etc.
- I will model a positive attitude and spirit of generosity and compassion. I will encourage others to do the same.
- I will model good sportsmanship as a player and a fan.
- I will respect the property of all people and places. If I find something that does not belong to me, I will turn it in to the lost and found.
- I will not bring or use tobacco, alcohol, illegal drugs, fireworks, weapons, pornographic material, or anything else of this kind. I realize that such behavior and could require my dismissal from this community.
- I will not engage in any form of sexual activity.
- I will report all instances of sexual harassment and sexual exploitation to my delegation staff or a member of the SPECTACULAR staff.
- I will wear clothing that is appropriate for a Christian youth event.
  - Shirts, shorts and shoes must be worn at all times.
  - No altered t-shirts (arms cut off, seams opened up, etc).
  - Nothing that promotes alcohol, tobacco, illegal drugs, racism, sexism or sexual activities/situations, etc.
  - So basically ... if you can't wear it to school, don't bring it to SPEC.
- I will observe the following guidelines for visiting the rooms of others:
  - There will be no opposite gender visitation in the dorm rooms.
  - Visitation will only be in public areas.
- I will honor my responsibility to be on time and prepared, including honoring curfews each night.

- I will not leave campus. If I need to leave campus for any reason, I will obtain permission from my delegation staff and an adult will be selected to accompany me.
- I understand and accept that violation of this Covenant could result in my returning home at my own expense before the meeting's conclusion.

### **Disciplinary Action**

If an individual fails to meet the camper or staff expectations, the SPEC directors and head of security will work with delegation leaders to determine an appropriate course of action. It is our intention to be fair and just, but we are serious about providing a safe and sacred community.

- Disciplinary action will never include physical punishment but might consist of restriction of participation, restriction to an assigned area, apology to the group, additional duties, etc.
- If leaders feel a situation warrants notification, parents or guardians will be contacted.
- If the infraction is serious, the SPECTACULAR directors, head of security, and the delegation leaders will determine if an individual will be asked to leave.
  - Individuals (or the parent or guardian) who are asked to leave SPECTACULAR will be responsible for all transportation expenses and fees. Registration and other travel fees will not be reimbursed.
  - If damage to property occurs, individuals will be assessed for the cost of damages and repair.
  - Individuals who break public laws will be asked to leave SPEC and will be subject to legal action by law enforcement authorities.

This covenant is the foundation of expectations for the entire SPECTACULAR community. We understand and support delegations that choose to hold their campers to further accountability at this event.

### **THANK YOU FOR SHARING IN THIS COVENANT!**

Camper Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

## SPECTACULAR Registration Form

First Name:	Middle Initial:	<b>DELEGATION NAME:</b>	<b>Check:</b> I am a <input type="checkbox"/> Camper <input type="checkbox"/> Staff	
Last Name:	Birth date: (mm/dd/yyyy)			
Street Address:		<b>Last Grade Completed:</b> <input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<b>T-shirt Size:</b> <input type="checkbox"/> S <input type="checkbox"/> XL <input type="checkbox"/> 3XL <input type="checkbox"/> M <input type="checkbox"/> 2XL <input type="checkbox"/> 4XL <input type="checkbox"/> L	
City:	State/Province:		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
Zip/Postal Code:	Country:			
Participant Email:		<b>Languages:</b> ENGLISH - <input type="checkbox"/> Speak <input type="checkbox"/> Read/Write    Other Language: _____ FRENCH - <input type="checkbox"/> Speak <input type="checkbox"/> Read/Write		
Participant Mobile Phone: (    )	Texting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sibling in Attendance as a Camper:		<b>Social Media:</b> <i>Do you participate in these social media networks?</i> <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> Other _____		
First-time Friend Coming with Me:				

### Parent/Legal Guardian Contact Information

Name:	Email:	Phone (    )	Mobile (    )
Name:	Email:	Phone (    )	Mobile (    )
Emergency Contact:	Email:	Phone (    )	Mobile (    )

### Medical History *(Please check yes or no and explain any "yes" answers in the space provided)*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you allergic to any foods, latex, medications, etc?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently under a physician's care for any acute/chronic medical condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently taking any medications?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any physical restrictions or emotional, medical, or psychological conditions that need special attention? If yes, please list these conditions.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you recently been exposed to a contagious disease?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any special dietary needs? <input type="checkbox"/> Diabetic <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (please specify)

Family Physician: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ **(Please attach a photocopy of your insurance card)**

### Statement of Consent and Release

*I, the undersigned, have read understand and agree to abide by the rules, guidelines and releases specified in this form.*

Participant Signature: \_\_\_\_\_ Parent/Legal Guardian (if participant under 21): \_\_\_\_\_