



Konko Mission of Wahiawa 9th Summer Ohana Camp 2019

"ABC's of KONKOKYO"

PART 9: Treating All With Respect

- Date:** Sat., July 6 (10 am) – Sun., July 7 (Till 2 pm)
Place: Camp HR Erdman
(69-385 Farrington Hwy., Waialua, HI 96791. Phone: (808) 637-4615)
Who: Open to all ages
Why: Continue to learn the ABC's of Konkokyo
Fee: \$10 for 5-18, \$20 for 19+, 4 and under free
Contact: Call 621-6667 or come to Wahiawa Church for registration form for more details
(Konko Mission of Wahiawa: 207 Muliwai Ave., Wahiawa, HI. 96786).
Website: <http://www.konkomissionshawaii.org/WahiawaMain.htm>

All forms and payment due on Sat. 6/16/19. No refunds after 6/16.

Our stay will be in the wheelchair accessible family cabins. With the theme of the camp as: "The ABC's of Konkokyo" Part 9: Treating All With Respect. We hope that through this Ohana Camp, you as a family will be able to grasp the basic elements of Konkokyo, while having fun at the same time. Mark your calendars to join our Ohana Camp. We hope that many friendships will be created through this Camp. Let's learn more about our faith, strengthen our bonds together, and have a lot of fun! We are looking forward to camping with you! Registration begins at 9:00 a.m. at Camp Erdman on Saturday, July 6.



KONKO MISSION OF WAHIAWA
9th Ohana Camp 2019 (Saturday, July 6- Sunday, July 7, 2019)
Registration Form (Per Family)

Participant's Name	Staying over? Yes or No	Day 1 Lunch and/ or Dinner (circle)	Day 2 Breakfast and/or Lunch (circle)	Age	M/F	Registration Fee
1)		L D	B L			
2)		L D	B L			
3)		L D	B L			
4)		L D	B L			
5)		L D	B L			

Total Payment: \$ _____ Date _____

Fee: \$20.00 per person 19 years and over. \$10 per person 5-18 years. Age 4 and under FREE.
 No refunds after Sun. 6/16. (Please make check payable to **Konko Mission of Wahiawa Educational Fund**)

** Actual cost of camp is \$85.00 per person if staying overnight. It includes 4 meals. However, the Wahiawa Church will be subsidizing most of the costs through fundraising. All participants are required to pay your registration fee by **Sunday, June 16, 2019**, and submitted to the Konko Mission of Wahiawa at: 207 Muliwai Avenue, Wahiawa, HI. 96786. If you have any concerns, please call the Konko Mission of Wahiawa at 621-6667. Also, if you need transportation, let us know. (First 16 stay-over participants will be accepted)*

Participant's Mailing

Address: _____

Home Phone # _____ Cell Phone# _____ E-mail: _____

Emergency Contact Information

1) First person to contact: _____ Phone# _____

2) Second person to contact: _____ Phone# _____

Name & Phone# of Primary Care Provider: _____

Please specify any allergies (of food, medication, environment, animals). Also please specify any other medical conditions that we should be aware of such as asthma. (Include the participant's name next to their condition):

KONKO MISSION OF WAHIAWA
ASSUMPTION OF RISK AND RELEASE

Participant's Name (Print)	Age	Participant's Signature	Parent or Guardian's signature required if below age 18	Date
1)				
2)				
3)				
4)				
5)				

I, the undersigned, certify that I am in good physical health and able to participate in all activities of the program.

I also understand that because of the inherent dangers and risks involved with participation in the activity/program of the Konko Mission of Wahiawa, that I should be covered by a private medical and liability policy; and I further understand that the Konko Mission of Wahiawa does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of (my/my child's) participation in the activity/program.

Therefore, in consideration of my being permitted to participate in the activity/program, I hereby agree to assume all risks and responsibilities surrounding my (my child's) participation in the activity/program. I have read and understand any and all written materials setting forth the requirements for participation in the referenced activity/participation, as well as those explained by the camp director, and I agree to strictly observe them. Further, I do for myself, my heirs, executors, and administrators hereby accept full responsibility for my participation and agree to indemnify, release and discharge the Konko Mission of Wahiawa, its officers, employees, camp director, and entire the Konkoko organization, and assigns from and all claims or actions for property damage, personal injury, and/or death arising from such participation in the activity/program or growing out of or caused by any acts or omissions during my participation in the activity/program.

Talent and Release Consent: During the activity, we will be taking photographs or video recordings. May we have your permission to use your pictures, voice recordings, art, and video images towards any of the Konkoko media (I.e., Facebook, newsletter, DVDs, website, etc). Please check one below.

_____ Yes, you have my permission to use media with me or my child(ren) inside.

_____ No, you may not use any pictures or images of me or my child(ren) in any media.

If yes, please sign or initial here and date (individually):

Sign here:

Date: _____