



2022 VOLUNTEEN SUMMER ENROLLMENT

SUMMER CAMP

VALID FROM MAY 25, 2022 THRU AUGUST 12, 2022.

- ▶ Application **must** be complete before youth can participate in activities at Nathan's Place.
- ▶ NOTE: Wolf Building participants and VolunTeens at Nathan's Place are kept separate, except on field trips.

VOLUNTEEN INFORMATION

NAME _____ DATE _____

AGE ____ DOB _____ SHIRT SIZE ____ PHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PARENT/GUARDIAN INFORMATION

NAME _____ EMAIL _____

HOME # _____ WORK # _____

MOBILE # _____

SECONDARY PARENT/GUARDIAN INFORMATION (OPTIONAL)

NAME _____ EMAIL _____

HOME # _____ WORK # _____

MOBILE # _____

EMERGENCY CONTACT

This should be family or a friend who is not a member of your immediate household.

NAME _____ EMAIL _____

HOME # _____ WORK # _____

MOBILE # _____

EXTRA INFORMATION

HOBBIES, INTERESTS, & ACTIVITIES? _____

WHAT DO YOU HOPE TO LEARN AND GAIN FROM THE VOLUNTEEN PROGRAM?

WHAT ACTIVITIES WOULD YOU LIKE TO PARTICIPATE IN WHILE AT NATHAN'S PLACE?

AOK HQ

208A W. 10TH ST
LAMAR, MO 64759

WOLF BUILDING

801 E. 12TH ST
LAMAR, MO 64759

NATHAN'S PLACE

1005 GULF ST
LAMAR, MO 64759

P 417.682.6002
F 417.681.0514

AOKYOUTH.ORG



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AGREEMENT

Parents/Guardians, please review each line below and indicate you have read and agree to these guidelines.

Please initial below:

- _____ AOK reserves the right to carry out disciplinary action with any youth participant in response to behavior or attitude problems, including restriction of privileges and/or suspension/dismissal from the program.
- _____ The VolunTeen program encourages positive behavior and attitude including abstinence and non-self-destructive behaviors.
- _____ Every VolunTeen will participate in classes that are scheduled during the program, which may include health, nutrition and prevention education classes that are meant to deter at-risk behaviors.
- _____ Nathan's Place will open at **10am**. I will pick my child up by **5:30pm** from Nathan's Place or other location designated by AOK staff.
- _____ Activities such as completing worksheets, surveys, fundraising, fun activities, classes, tutoring and service projects are required while attending the VolunTeen Program. Some activities on weekends and evenings may be requested as well.
- _____ Service projects involving approximately one hour of service per month are required of each VolunTeen and are not optional. Transportation and supervision is provided by AOK staff at all service projects.
- _____ The VolunTeen program is youth-led and youth-driven but supervised by AOK staff at all times. Youth are encouraged to participate in program decision-making.
- _____ I understand that AOK staff may confer with teachers, counselors or other professionals in order to gather helpful information that may assist in meeting the developmental needs of your child. All information is kept strictly confidential.
- _____ I give permission for my child to access the internet under the supervision of AOK staff for the purpose of projects/schoolwork. WiFi may also be accessed via cell phone, tablet, etc.
- _____ My child may walk or ride his/her bike **without** supervision by AOK staff to and from Nathan's Place or other locations.
- _____ I give permission for AOK staff to...
 - ▶ ...request grades from the youth's school of enrollment.
 - ▶ ...take my child to the closest medical facility or call 911 in case of an emergency or accident. I understand that I am responsible for the cost of medical/health/and other costs that may occur and that AOK is not responsible for accidents.
 - ▶ ...transport my child to and from activities that are planned for that day.
 - ▶ ...photograph, videotape, and/or name release my child for the purpose of news story, advertisement, AOK webpage newsletter, social media, medical record or other legitimate purpose to benefit AOK.
 - ▶ ...give my child acetaminophen (Tylenol), ibuprofen (Advil), or other OTC medication as needed.

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AGREEMENT (CONT'D)

- _____ Each VolunTeen must bring their own towel, swimsuit, and any other swimming equipment for the duration of the summer. Items will be stored and laundered at AOK. VolunTeens are encouraged to put their initials on their personal items.
- _____ I understand that, while participation in an activity is optional, my child will be required to stay with AOK group/staff until the activity is complete.
- _____ I give permission for my child to take part in the VolunTeen program. My child and I will abide by the rules stated above and take part in all lessons and activities that are planned for that day.
- _____ I have either enclosed my child's **\$250 summer activity fee** or agree to a **\$15/week fee** to assist with field trips, special activities and t-shirts **or** I will request financial assistance/scholarships. Contact us at 417.682.6002 if you have any questions.

VOLUNTEEN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL RELEASE

I hereby verify that the previously named camper is in normal health and is capable of safe participation in this day camp program. I assume all risks and hazards incidental to the conduct of and transportation to and from this program. I release About Our Kids, Inc. from all claims of liability for my child's participation in the day camp program. I hereby authorize AOK Summer Camp Staff to obtain medical treatment for my child if parent(s) and/or the emergency contacts cannot be reached.

SIGNATURE _____ DATE _____

PARENT/GUARDIAN COMMUNICATION

AOK will use the forms of social media and technology listed below to stay in contact and up to date with parents/guardians during Summer Camp 2022.

Remind is the official channel we use for communication. Please do not block us.

Text messaging rates may apply.

FACEBOOK USERNAME _____

INSTAGRAM USERNAME _____

SNAPCHAT USERNAME _____

EMAIL _____

MOBILE # _____

VOLUNTEEN/CAMPER _____

SIGNATURE _____ DATE _____

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2022 AOK CREDIT/DEBIT CARD ON FILE AGREEMENT

AOK policy requires all AOK clients to keep a credit or debit card on file for payment purposes. Your credit/debit card information will be secure and can only be charged under the terms you specify below.

By providing us with your credit/debit card information, you authorize AOK to automatically charge your card on a weekly or bi-weekly basis.

Please circle how you prefer to be billed and date to start. Cards will be charged every **Monday** unless otherwise noted.

WEEKLY STARTING _____ **BI-WEEKLY** STARTING _____

If the credit/debit card information we have on file changes for any reason, you must notify AOK as soon as possible. If you have questions about a charge, please notify us within 10 days. After 30 days, all charges will be assumed to be correct.

We will maintain a clear record of all payments and charges. However, in the rare case that an overpayment occurs, your account will be credited on the upcoming invoice or if the balance is zero and you no longer bring your child to AOK, your credit/debit card will be reimbursed. An email or text receipt will be sent to you as well as a paid invoice from AOK showing your payment.

In the event of a declined charge, you will be asked for a new credit/debit card number and/or payment before your child can return to AOK.

I HAVE READ AND UNDERSTAND THE CREDIT/DEBIT CARD ON FILE AGREEMENT AND AUTHORIZE ABOUT OUR KIDS, INC, TO CHARGE MY CREDIT/DEBIT CARD AS STATED ABOVE.

VISA MASTERCARD DISCOVER OTHER _____

CARD NUMBER _____

EXPIRATION _____ SECURITY CODE _____ BILLING ZIP _____

NAME ON CARD _____

CHILD'S NAME _____

EMAIL ADDRESS / PHONE NUMBER (FOR RECEIPTS) _____

Billing Address on card (if different from our records):

CARDHOLDER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____

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