

LIVE Leadership Camp 2024
June 24th- June 28th, 2024



LIVE Leadership Camp Team

DeAna Lara-Perea, LIVE Camp Director
Lesley Encarnacion, LIVE Camp Co-Director

Dear Leadership Campers and Parents,

There is a lot of important information regarding LIVE Leadership Camp included in this mailing so please be sure that both the camper and the parent read the contents of this letter!

We are looking forward to celebrating our eighteenth LIVE Leadership Camp experience! The camp blends fun, spirituality and personal growth for an excellent summer camp experience. Our leadership team has been working diligently to make this year's camp a wonderful experience. The camp schedule is full of a wide variety of activities and group times that help make this an enjoyable and unforgettable week!

Campsite takes place at the Creighton University Retreat Center near Griswold, IA. The telephone number for emergencies only is 712-778-2466.

What to bring to the camp: Dress is casual (we require that you pack lightly, using common sense). **DO NOT bring sheets, sleeping bags or pillows.** Please mark all luggage with your daughter's name and address.

- ✓ Personal **Bible** if you have one (we will have extra Bibles for use at the camp).
- ✓ **Long pants, a jacket and tennis shoes** for hiking.
- ✓ **Swimwear, a towel and sunscreen will be used.**

Optional spending money for the gift shop or snacks at the swimming pool.

(The camp fee covers the cost of all organized activities, travel from the designated boarding locations, and Leadership Camp T-shirt.)

Campers are asked **NOT to bring cell phones**. All cell phones will be collected and given back the last day of camp. There is a phone for the campers to use with permission. Permission seeking is important because it alerts the staff if a camper may be experiencing homesickness and we can provide support to the camper promptly. If your daughter calls from her cell phone without the staff's knowledge, then her homesickness may escalate before we become fully aware of it.

To the Parents or Guardians:

Please read the enclosed forms carefully and fill them out completely.

- o **Parental Consent Form**: The parent or legal guardian gives permission to her daughter to attend camp and acknowledges that in the event of an accident or injury, the camp and / or team are exempt from any expense.
- o **Medical Insurance Information Form** – In the event that your child may need medical attention, the medical form will guide us in providing the best medical care.
- o **Boarding Site**: Transportation sites and boarding information are included in this document. Please arrive 15 minutes before boarding the bus and register with the bus chaperone. Buses will leave on time, please do not be late.

- **Boarding sites on Monday, June 24th**:

- Our Lady of Guadalupe Parish, 23rd & O St, Omaha, NE 68107
 - The bus leaves at 2:00 PM sharp.
 - St. Augustine's, 619 Banner St, Schuyler, NE 68661
 - The bus leaves 12:30 PM sharp.
- **Columbus, NE campers will need to board at Schuyler, NE****

- **Pick up site on Friday, June 28th**

- Our Lady of Guadalupe Parish, 23rd & O St, Omaha, NE 68107
 - The bus will arrive between 11:30 and 12:00 PM
 - St. Augustine's, 619 Banner St, Schuyler, NE 68661
 - The bus will arrive between 1:00 and 1:30 PM
- **Columbus, NE campers will need to debark at Schuyler, NE****

- o **Cabin Mate Form**: Each camper may select one cabin mate friend to stay with her in the same room. There are 2 beds per room in each cabin. We ask that the selection be mutual between both girls.
- o **Photo Release for Minor Form** - We request permission to use photos from the camp on our web page and other social media platforms such as Facebook and instagram.
- o **The balance of the camp cost is to be paid at the time of registration.** The total cost of the camp is \$175.00, including the \$80 pre-registration fee. The camp fee of \$175.00 can be paid in cash or can be paid via Venmo.
LIVE Leadership Venmo account: @LIVE-LeadershipCamp

If you have any questions, please feel free to email livecamp.latinas@gmail.com or contact the LIVE Leadership Team:

DeAna Lara-Perea (402) 212-9296
Lesley Encarnacion (402) 615-3488

Personal Information

<u>Camper's Full Name:</u>	
<u>Date of Birth:</u>	
<u>Grade in the Fall:</u>	
<u>T shirt size:</u>	S M L XL
<u>Parent's Full Name:</u>	
<u>Address:</u>	
<u>Phone Number:</u>	
<u>Email:</u>	

Parental Consent Form

I/We, _____, the parent(s) or legal guardian(s) of _____ who resides at _____

hereby authorize my/our child's voluntary participation in the LIVE Leadership Camp.

I/We hereby appoint the directors and/or coordinators: DeAna Lara-Perea and Lesley Encarnacion to chaperone my/our child and give that person authority and responsibility to consent to any medical, hospital, or dental care for my/our minor child, which in the discretion of the chaperone is necessary as the result of any occurrence on the aforementioned trip or activity.

I/We hereby give permission for my/our child to ride in the vehicle designated by the chaperone while attending and participating in activities of all kinds sponsored by the LIVE Leadership Camp, Omaha, Nebraska, and Camp Directors also known as Chaperones. If it is necessary for my/our child to have any medical or dental services, I/we agree to be liable and pay for all such costs incurred.

On behalf of my/our child and myself/ourselves, I/we release and forever discharge LIVE Leadership Camp, Omaha, Nebraska, the following named chaperones: DeAna Lara-Perea and Lesley Encarnacion, their agents, employees and volunteers thereof from all liability, claims, demands, costs and expenses (including attorney's fees), for any injuries arising out of or which

may occur while my/our child is participating in the events sponsored by the LIVE Leadership Camp, Omaha, Nebraska. This release includes waiver or any claim for injury, which may result from or be aggravated by participation in the events sponsored by the LIVE Leadership Camp, Omaha, Nebraska. I/We also hereby agree to be responsible for all transportation costs for my/our child in the event it is necessary for my/our child to return home earlier or later than the group, for any reason.

Parent or Legal Guardian Signature _____

Date _____

Home Phone _____

Work Phone _____

Cellular Phone _____

Photo Release for Minor

I/We, _____ being the parent(s) or legal guardian(s) of the minor, _____ hereby consent that the videotapes, photographs and/or motion picture film for which minor posed, may be used by the LIVE Leadership Camp, Omaha, Nebraska, their affiliates, assignees and successors including internet, the website, Facebook and instagram pages. Furthermore, I/we hereby consent that such photographs and films from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs and films as they may desire free and clear of any claim whatsoever on my part.

Name of Child (Print): _____

Signature of Parent/Guardian: _____

Boarding Site Option:

I will drop off and pick up _____ from one of the following boarding sites on **Monday, June 24th** (*please indicate which site you will use*):

Our Lady of Guadalupe Parish, 23rd & O St, Omaha, NE-leaves at 2:00 PM sharp

St. Augustine's, 619 Banner St, Schuyler, NE-leaves 12:30 PM sharp

**Columbus, NE campers will need to board at Schuyler, NE

The buses will leave camp **Friday, June 28th** at about 10:30 am and will return to their boarding site at the following times:

- Omaha between 11:30 am-12:00 PM.
- Schuyler between 1:00 -1:30 PM.

** Columbus campers' will disembark the bus in Schuyler, Ne.

Parent/Guardian's Signature: _____

Cabin Mate Option:

Please write the name of the camper your daughter would like to share a room with. The selection must be **mutual**.

First Choice: _____
(Camper's first and last name)

Medical Insurance Information Form

Insurance Coverage Information:

Name of Camper: _____ Date of Birth: _____

Legal Parent/Guardian: _____ Phone number: _____

Name of Medical Insurance Company: _____

Circle what applies: Plan Policy Group ID Number (s)

Please list number(s): _____

Phone number for Insurance Company Pre-Authorization: _____

Physician's Name: _____ Clinic: _____

Emergency Information:

If unavailable at above phone number, **please list a contact in case an emergency:**

Name: _____

Relationship to Camper: _____

Phone Number: _____

Alternate Number: _____

Medication Information:

List any medication your child is taking:

Name of Medication

Dosage/Directions

Health Information:

Please check all that apply:

Diabetes

Allergies

Medic Alert ID

Seizures

Diet Restrictions

Other Medical

Epilepsy

Asthma

Conditions(s)

Heart Disease

Respiratory

(please specify

Condition

below)

If you have checked any of the above, please explain below:

