



**LIVE Leadership Camp Team**

DeAna Lara-Perea, LIVE Camp Director  
Stephannie Zambrano, Isela Gutierrez, & Lorena Ramirez  
LIVE Camp Co-Directors

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 sixteenth LIVE Leadership Camp experience! The camp blends fun, spirituality and personal growth for an excellent summer camp experience. Our staff has been at work for well over a year and is looking forward to 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** and a **towel** are needed; **sunscreen is a MUST.**

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 half an hour 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 27<sup>th</sup>**

- Our Lady of Guadalupe Parish, 23<sup>rd</sup> & 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, July 1<sup>st</sup>**

- Our Lady of Guadalupe Parish, 23<sup>rd</sup> & 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.

**The total cost of the camp is \$120, including the \$50 pre-registration fee.**

You may pay online on our website, by venmo, cash or check.

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

DeAna Lara-Perea (402) 212-9296

Stephannie Zambrano (402) 917-4216

Isela Gutierrez (402) 276-5750

Lorena Ramirez (402) 881-6133

We look forward to meeting you at our LIVE Leadership Camp 2022!

**Personal Information**

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

**Email:**

**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, Stephannie Zambrano, Isela Gutierrez & Lorena Ramirez 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.

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June 27<sup>th</sup>-July 1<sup>st</sup>, 2022

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 Perea-Lara-Perea, Stephannie Zambrano, Isela Gutierrez and Lorena Ramirez 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 \_\_\_\_\_

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### **Boarding Site & Cabin Mate Form**

#### Boarding Site Option:

I will drop off and pick up \_\_\_\_\_ from one of the following boarding sites on **Monday, June 27<sup>th</sup>** (*please indicate which site you will use*):

Our Lady of Guadalupe Parish, 23<sup>rd</sup> & 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, July 1<sup>st</sup>** 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)

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**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

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Dosage/Directions

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Health Information:

Please check all that apply:

Diabetes  Seizures  Epilepsy

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2022

Heart Disease  Asthma  Other Medical  
 Allergies  Respiratory Condition Conditions(s) (please  
 Diet Restrictions  Medic Alert ID specify below)

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

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**Photo Release for Minor Form**

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: \_\_\_\_\_