

REGISTRATION FOR INTERGENERATIONAL HANDBELL CAMP - JUNE 22-26, 2025

Linda Ashley, Registrar. Isashley56@gmail.com 402 320 5312

***Register online or print this form, PLUS the 2 pages of health forms, PLUS the media release form.**

While we strongly recommend that you are fully vaccinated, proof of any vaccination is not required.

Camper's Name (one person per form) _____ Pronoun (opt) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Youth ___ Adult ___ M ___ F ___ Other ___

Room-mate/s requested: _____ (up to 3 beds per room)

Years ringing chimes/bells? _____ Bells you usually play? _____ (Youth) Grade completed _____

Years at Handbell Camp? _____ Last Year attended Camp? _____ Your director was? _____

Do you ring regularly in 1 or more groups? _____ Occasionally? _____ Only at Handbell Camp? _____

Circle the bell/chime music difficulty levels your choir has played recently: Level 1 2 3 4 5 6

How many octaves of bells does your bell ensemble play? _____ How many octaves of chimes? _____

Are you a Beginning ringer ___ (Level 1-2) Intermediate ___ (Level 2-3)

Intermediate Plus ___ (Level 3-4) Advanced ___ (Level 5-6)

On the back of this page write the title and composer of pieces that YOU have found challenging to play.

Do you read treble clef? _____ Do you read bass clef? _____ Do you solo ring? _____

What is the lowest note you're comfortable playing? _____ What is the highest note you're comfortable playing? _____

Do you regularly 4-in-hand? _____ Do you regularly Shelley ring? _____

What other instruments do you play? _____

List your current music related employment: _____

Camp T-Shirts are optional, and are all ADULT sizes. Shirts will be delivered to camp by Third Bell on the Right. Follow this link to order and pay <http://www.handbellcamp.org/merchandise>

Camp Fees: (This payment includes 4 nights, all meals, linens, classes, 1 group picture, and some massed choir music.)

Early Registration: Send at least 50% postmarked by May 1, 2025 **\$555** \$ _____

Regular Registration: Send at least 50% postmarked by May 15, 2025 **\$600** \$ _____

Late Registration: Send at least 50% postmarked May 16 – June 1, 2025 **\$680** \$ _____

1. Optional Private Room (No roommate. Limited availability, apply quickly for this option.) **\$210** \$ _____

2. Optional extra night (Thursday night includes Friday breakfast; 10 am Friday checkout) **\$60** \$ _____

TOTAL 2025 CAMP COST \$ _____

1st Time Campers DEDUCT \$75 - Chuck McKay Scholarship _____

TOTAL ENCLOSED \$ _____

Total BALANCE DUE (by June 1) \$ _____

Please Note: All fees are due no later than June 1, 2025 - Venmo and Paypal options are available.

Or write checks to Handbell Camp. Send to Linda Ashley, 9107 Meadow Drive Omaha NE 68114.

****ONLINE REGISTRANTS:** PRINT THE 2-page health form and MAIL to Linda. You can pay online or mail \$ to Linda.

****OTHER Registrants:** PRINT the following: 1. Registration form 2. Two pages of Health Forms 3. Media Release form, then mail all this material to Linda with at least 50% of the total registration fee.

If you are ill within 10 days of camp, please call Linda Ashley (402 320 5312) to discuss your situation.

If you cancel your registration after June 1, your registration money will be returned minus a \$50 service fee.



Heartland Center



PARTICIPANT RELEASE OF LIABILITY & HEALTH INFORMATION FORM

Heartland Presbyterian Center (HPC) policy for participation in all programs requires that every participant provide certain health/medical information to the instructors conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Participants must complete the form (front and back) and return it to HPC prior to participating in any activities.

Participant Name: _____

Name of Group: _____ Date of Group: _____

Address: _____ City/State/Zip _____

Phone: Day: (____) _____ Evening: (____) _____ Mobile: (____) _____

Email Address: _____

Gender: Male Female Birth date: _____

Physician Name: _____ Phone: (____) _____

Medical Policy: _____ Number: _____

Emergency Contact Name: _____ Relationship _____

Phone: Day (____) _____ Evening (____) _____

Media Release-I agree to allow myself (or my child) to have my/his/her picture taken and those pictures to be used in HPC and or PCCCA publicity.

Horseback Riding Release (only applicable for Horseback Riding Participants)- I acknowledge understanding that trail riding involves being in areas that may have natural and man-made hazards which ride management cannot control, identify, modify, or eliminate: that horses can be excitable, difficult to control and unpredictable: and that accidents can happen to anyone at any time. I agree to take full responsibility for myself, my children, and my property and I will hold HPC, ride management personnel and all property owners on whose horse(s) and/or land this ride takes place, blameless and free from liability for any accidents, injury, or loss that might occur due to my participation or my child's participation in this activity.

Under Missouri Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised Statutes of Missouri.

Challenge Course Release- Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur.

Release of Liability

The undersigned understands that each participant must assume the risk of injury that could result from any of these activities. The undersigned releases HPC, its employees, agents, and representatives, officers, and its Board of Directors and invitees from any and all liability, claims or causes of action for loss of or damage to property or any injury to the participant arising from participation in HPC activities. In signing this application, I hereby certify that this information is correct and give permission for the release of medical records in case of illness or accident.

Participant's (if at least 18 years old) or Parent/Guardian's Signature _____ Date _____

If you have any questions regarding your program, please contact your HPC Facilitator or office.



PARTICIPANT RELEASE OF LIABILITY & HEALTH INFORMATION FORM



This information will be held in confidence and used for HPC purposes only. Participants must complete the form (front and back) and return it to HPC prior to participating in any activities.

Participant Name: _____

<input type="checkbox"/> Y <input type="checkbox"/> NO	Require an inhaler for Asthma attacks	If YES, it is your responsibility to make sure that your prescribed inhaler is readily available during the program.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Allergic to bee stings or other insect bites	If YES, it is your responsibility to make sure that your prescribed medication or shot(s) are readily available during the program.	
<input type="checkbox"/> Y <input type="checkbox"/> NO	Diabetes	If YES, it is your responsibility to make sure that you have food or prescribed medication readily available during the program.	
<input type="checkbox"/> Y <input type="checkbox"/> NO	History of seizures		
<input type="checkbox"/> Y <input type="checkbox"/> NO	Medical Device (hearing aide, prosthetic, bone brace, etc.)	Please see below & explain:	
<input type="checkbox"/> Y <input type="checkbox"/> NO	Past injuries: <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Knee <input type="checkbox"/> Neck <input type="checkbox"/> Ankle <input type="checkbox"/> Other _____	Please see below & explain:	
<input type="checkbox"/> Y <input type="checkbox"/> NO	Experienced a heart attack or heart condition	Please see below & explain:	
<input type="checkbox"/> Y <input type="checkbox"/> NO	Pregnant	Please see below.	
<input type="checkbox"/> Y <input type="checkbox"/> NO	Smoker		
<input type="checkbox"/> Y <input type="checkbox"/> NO	Diagnosed with high blood pressure	Please see below.	
<input type="checkbox"/> Y <input type="checkbox"/> NO	Current Medications: prescribed, over-the-counter, inhaler, or psychiatric		
	Medication	Taken for	Side Effects
<input type="checkbox"/> Y <input type="checkbox"/> NO	Allergies: food, medicine, or environmental		
	Allergy	Reaction	Medication Required
<input type="checkbox"/> Y <input type="checkbox"/> NO	Other mental condition that may effect your participation in your event at HPC.	If YES, please explain:	

If you have a history of heart problems or high blood pressure-You are at risk if you participate physically in this program. There is historical evidence that some individuals with pre-existing heart conditions have suffered heart attacks and death after participating in a Challenge Course/Climbing program. Due to the emotional and physical demands inherent to the activities, you may be jeopardizing your health and well-being if you choose to fully participate. You should consult your physician prior to attending the program.

If you are pregnant-You and your unborn child are at risk if you participate physically in this program. Unintentional impacts to your abdomen can occur during many of the activities that involve physical contact. If climbing is a part of your program, you will be required to wear a harness that puts pressure on your abdominal area and back. Due to the types of physical demands inherent to the activities, you may be jeopardizing your health and well-being, as well as the health and well-being of your unborn child, if you choose to fully participate. You should consult your physician prior to attending the program.

If you are recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries-You are risking re-injury if you participate physically in this program. You should consult your physician prior to attending.

If you have an enlarged organ, are a transplant recipient, or have Downs Syndrome-You are risking injury to weakened areas of your body. You should consult your physician prior to attending the program.

HPC recommends that you do not physically participate in activities that you think might put you at risk. If you are concerned, your Facilitator can provide you with a less physical way to stay involved.

If you have any questions regarding your program, please contact your HPC Facilitator or office.

I have read and understand the information provided and have provided the correct information on this form.

Participant's (if at least 18 years old) or Parent/Guardian's Signature _____ Date _____

Media Release Form Intergenerational Handbell Camp

Permission to Use Photograph, Video, and/or other Media Event:

Intergenerational Handbell Camp

Location: Heartland Center, Parkville MO

Registrar: Linda Ashley, Registrar: lsashley56@gmail.com 402 320 5312

I grant to Intergenerational Handbell Camp, LLC the right to take photographs, videos, and/or other media of me and/or my family in connection with the above-identified event.

I authorize the above, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Intergenerational Handbell Camp may use such photographs, videos, and/or other media of me and/or my family with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Camper Signature: _____ Printed

Name: _____

Address: (including city, state, and zip code)

Date: Month _____ Day _____ Year: _____

Signature of parent or guardian (if student is age 17 or younger)

*** Please send this signed form with your Handbell Camp Registration and Health Forms to**

Linda Ashley, Handbell Camp, 9107 Meadow Dr, Omaha NE 68114