

# FULL TIME CAMPERS REGISTRATION - INTERGENERATIONAL HANDBELL CAMP

**JULY 5-9, 2026** 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) \_\_\_\_\_ Pronouns (opt) \_\_\_\_\_

Name to be printed on name tag: \_\_\_\_\_

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 titles and composers 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 (if any): \_\_\_\_\_

Follow this link for optional camp t-shirts by Third Bell on the Right: <http://www.handbellcamp.org/merchandise>

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

**Early Registration:** Send at least 50% postmarked by **April 1, 2026** \$585 \$ \_\_\_\_\_

**Regular Registration:** Send at least 50% postmarked **April 2 - May 1, 2026** \$630 \$ \_\_\_\_\_

**Late Registration:** Send at least 50% postmarked **May 2 – June 1, 2026** \$710 \$ \_\_\_\_\_

1. Optional Private Room (No roommate. Limited availability, apply quickly for this option.) \$225 \$ \_\_\_\_\_

2. Optional extra night (Thursday night includes Friday breakfast; 10 am Friday checkout.) \$70 \$ \_\_\_\_\_

**TOTAL 2026 CAMP COST** \$ \_\_\_\_\_

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

**TOTAL ENCLOSED** \$ \_\_\_\_\_

\* **Optional FREE Camp Group Photo**  Yes  No **TOTAL BALANCE DUE (by June 1)** \$ \_\_\_\_\_

**Please Note:** All fees are due no later than **June 1, 2026** - Venmo: @Linda-Ashley-18

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

**\*\*ONLINE REGISTRATION:** PRINT THE 2-page health form and send by USPS mail, or scan and email forms to Linda.

**\*\*OTHER REGISTRATION:** 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 cancel your registration between June 1-19, your registration money will be returned minus a \$50 service fee.*

*\*\*\*If you cancel after June 20 no money will be reimbursed because of our contract payment obligations to Heartland Center.*

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



# 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](mailto: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**