

Kid's Small Group Summer Camp **25-26 Event Fact Sheet**

Event Description

A fun and challenging adventure with outings and activities at Heartland Retreat Center in Parkville, MO. The KSG Camp highlights will include a high ropes course, horseback riding, swimming, archery, hiking & many other camp and outdoor activities. In addition to the fun, there are also times for service and focusing on our relationship with God and making a solid connection with Jesus for a well-rounded and exciting KSG Camp adventure!

Event Dates

July 8-10, 2026

Event Time

Time to arrive at Rock Brook Church: Wed., July 8th at 8:30 AM

Pick up at Jason & Tina Slover's house: Fri., July 10th between 3:00-5:00 PM
(17015 S Millcreek Rd, Belton)

Event Participant

Any eligible Kid's Small Group participants in **grades 5 & 6 who have at least 75% attendance (21 out of 28 meetings)** will receive an invitation from their leader to attend KSG Camp.

Registration Information

On-line Registration Begins: March 23rd, 2026

On-line Registration Closes: April 13th, 2026 (last day of KSG)

Event Cost

Event Cost due in full April 13th: \$200.00

**** full refund until April 13th. 50% refund until May 1st. Non-refundable after May 1st****

Contact us for our refund procedure.

Special Notes

* Click on the Kid's Small Group tab on our website www.rbfk.net. Then click on the 5th/6th Camp button and follow the link to sign up your child for camp.

* On-line registration includes payment with debit or credit card. If you would like to use cash or check for camp, talk to Penny Wilson for instructions.

* Price includes transportation, all activity fees, all food/drink, and a commemorative T-shirt

Kid's Small Group Camp Info

July 8th – meet at Rock Brook at 8:30 am

July 10th– pick up at Slover house (17015 S Millcreek Rd, Belton) between 3:00-5:00 pm

What to bring

Sleeping bag and pillow

Swimsuit & a swim shirt to swim in

Towel for swimming and bathing

Shorts

t-shirts

jacket/sweatshirt

1 long pair of pants/sweatpants

Socks and underwear

Pajamas

Tennis shoes

Sandals for the swimming pool

Toiletries

Sunscreen

Bug spray

Hat (optional)

Bible

Copy of front & back of Insurance card

Reusable water bottle (we will carry this with us wherever we go)

Don't send anything good, we are just hanging out and having fun!

What not to bring

Electronics of any kind – have students leave their cell phones at home. They will not be able to use them while at camp. If you need to get ahold of them, you will be able to call one of the adults.

Our Info

Penny Wilson (816) 223-5439

Tina Slover (816) 853-8513

Jason Slover (816) 539-4064

Jerry Willis (913) 832-7967

Darcy Willis (913) 221-49



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.

Please identify the Heartland Center activity in which you will be participating:

Challenge Course: The Summit Challenge Course: The Edge GPS Course Horseback Riding Clip Archery

Participant Name: _____

Name of Group: _____ Date of Group: _____

Address: _____ City/State/Zip _____

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

Email Address: _____

Gender: Male Female Date of Birth: _____

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"/> YES <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"/> YES <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"/> YES <input type="checkbox"/> NO	History of seizures		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Medical Device (hearing aide, prosthetic, bone brace, etc.)	Please see below & explain:	
<input type="checkbox"/> YES <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"/> YES <input type="checkbox"/> NO	Experienced a heart attack or heart condition	Please see below & explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Pregnant	Please see below.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Smoker		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diagnosed with high blood pressure	Please see below.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Current Medications: prescribed, over-the-counter, inhaler, or psychiatric		
	Medication	Taken for	Side Effects
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: food, medicine, or environmental		
	Allergy	Reaction	Medication Required
<input type="checkbox"/> YES <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