

Quivira Chapter Ride Into History Camp Application



4th grade students through adults are eligible to participate in the Ride Into History Camps

This form must be completed by the participant or parent or guardian (for participants under 18 years of age) in order to participate in a Ride Into History Camp.

All items must be completed; if the response is not applicable indicate by using N/A.
Please complete this form in its entirety. Please print with blue or black ink or type.

**Return completed form and registration fee (\$50.00 per participant) to
Quivira Chapter, SFTA, c/o Linda Colle, 724 Penn Drive, McPherson, KS 67460
Email quivira.sfta@gmail.com or call 620-241-8719 for more information**

Name		
Street/P.O. Box		Age (if under 18)
City	State	Zip Code
E-mail		Phone

Method of Payment (\$50.00 per participant)

Check (Make check payable to Quivira Chapter, SFTA)

Scholarship (On a separate page, tell us why you are requesting a scholarship)

Emergency Contact	Emergency Phone Numbers
Relationship	Home _____
	Work _____
	Cell _____

CAMP PREFERENCE (check only one camp)

Participants must be available 1-5pm Monday-Thursday and 1-8pm on Friday for the week of the camp for which they are registering.

Check one	Camp Dates	Camp/Location
<input type="checkbox"/>	June 7-11, 2021	Barton County Barton County Historical Museum, 85 U.S. 281, Great Bend, KS
<input type="checkbox"/>	June 14-18, 2021	Rice County K-State Research and Extension, 701 E. Main, Lyons, KS
<input type="checkbox"/>	June 21-25, 2021	McPherson County McPherson Museum, 1111 E. Kansas Ave., McPherson, KS

Ride Into History Camps are funded in part by the following organizations:



Ride Into History Cultural and Educational Project, Inc.

Additional Assistance Provided By: Great Bend CVB, Barton County Historical Society Museum, Rice County Tourism, K-State Research and Extension, McPherson CVB, McPherson Museum

HEALTH HISTORY

List any food or medical allergies	
List any other medical concerns	
List any special diet restrictions	

COVID SCREENING

Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you agree to comply with the required Covid-19 precautions required at the time of the camp (wear a mask, hand sanitizers, social distancing, etc.)?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you completed the Covid-19 vaccination? If Yes, list dates _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I acknowledge that the participant or parent/guardian (for participants under 18 years of age) may be asked to fill out a Covid-19 screening questionnaire upon arrival at the camp.

PERMISSIONS

Yes <input type="checkbox"/>	I authorize the Quivira Chapter, Santa Fe Trail Association and/or Ride Into History, Inc., or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of the Quivira Chapter, Santa Fe Trail Association and/or Ride Into History.
No <input type="checkbox"/>	I do not authorize use of my (or my child's) individual image or voice
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	For participants under 18 years of age: I give permission for staff to transport my child to research resources, such as to interview an elder, in the presence of one of the staff members or volunteers.

I, (parent/guardian or adult participant) have read and understand this application. I hereby release and hold harmless Ride Into History, Quivira Chapter SFTA, Santa Fe Trail Association, and the premises where these activities take place and their agents, officers, and employees from all claims, demands, and causes of action of any kind which may arise from my participation or that of my minor child in any of the activities herein and this release is granted in consideration of the services, programs and activities herein.

Parent/Guardian or Adult Participant Signature	Date
Parent/Guardian or Adult Participant Printed Name	

Participants unable to drive are to be picked up from camp at 5 pm daily except the Friday performance day.

Yes <input type="checkbox"/> No <input type="checkbox"/>	For participants under 18 years of age: If applicable, I allow my child to walk/ride bike home.
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Please indicate name of person authorized to pick up participant if different from above.

Name	
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**Applicants will be notified of acceptance into the camp.
If applicant is not accepted, any payment will be returned to the address listed on the registration form**