



MCDHH & State Parks

DHH Family Camp



Lake of the Ozarks State Park

Camp Pin Oak

Families of Deaf and Hard of Hearing kids are invited to join us and other families as we get acquainted and explore more of the outdoors!

Activities: hiking, swimming, crafts, archery, canoeing, fishing, campfire cooking and much more!

Camp Pin Oak has cabins that each sleep 4 to 5. No air conditioning and have outlets for fan.

No cost to families of D/HH children ages up to 18.

For more information -

Email: Amber.Carter@mcdhh.mo.gov





DHH Family Camp

LAKE OF THE OZARK STATE PARK
CAMP PIN OAK



Dear Families,

Thank you for choosing the Deaf and Hard of Hearing (DHH) Family Camp for your upcoming adventure! The Missouri Commission for the Deaf and Hard of Hearing (MCDHH), along with the Missouri Department of Conservation and Missouri State Parks, is excited to welcome you to our first-ever DHH Family Camp at Lake of the Ozarks State Park. The event is scheduled for June 5-7, 2026, at Camp Pin Oak, 1191 Camp Pin Oak Dr., Kaiser, MO 65047. Join us for enjoyable activities, outdoor fun, and the opportunity to connect with others in the community. This is a fantastic chance to network with fellow families, access valuable resources, and simply have a great time!

Our shared goal is to ensure that all campers have a wonderful experience in an accessible, safe, caring, and enjoyable environment. Many of our activities will take place outdoors, allowing campers to engage in games, fishing, swimming, arts and crafts, and much more! We also hope to share resources with you and develop relationships that will last as your family navigates all things Deaf and Hard of Hearing.

The DHH Family Camp is FREE for families. Please complete the registration packet and send it, via email to Amber Carter at Amber.Carter@mcdhh.mo.gov or if you would prefer to print and mail it, send it to Missouri Commission for the Deaf and Hard of Hearing, Attn: Amber Carter, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109 by **May 8, 2026**.

If you have any questions, feel free to reach out to the Missouri Commission for the Deaf and Hard of Hearing at 573-526-6778 or via email at MCDHH@MCDHH.MO.GOV. We look forward to sharing an adventurous and fun-filled experience with you and your family!

Sincerely,

DHH Camp Staff



MISSOURI
DEPARTMENT OF
NATURAL RESOURCES



DHH FAMILY CAMP AND POLICIES

1. Campers must follow DHH Family Camp Fair Play Policy. Please read this to your child and family.
2. All DHH Camp Families must have completed these forms before the first day of camp:
 - a. DHH Family Camp and Policies
 - b. Camper Information: Registration
 - c. Consent to Release of Photographs, video, audio and related medica formats, including any social media
 - d. DHH Family Camp Fair Play Policy
 - e. Release of Liability
 - f. Medication Policy and Consent to Administer First Aid
 - g. Electronic Policy and Liability
2. Campers, for their own safety, should wear comfortable clothing suitable for the activities that they are participating in. For camp activities that are outdoors, campers should be dressed appropriately for the weather and heat. Sandals and open toed shoes are NOT allowed for most activities (water activities are an exception).
3. DEVICES: If campers bring any electronic devices to camp, DHH Family Camp is not responsible for the care and protection of these devices.
4. WATER: For summer camps, the weather is usually hot. Even if the weather is cold, campers will likely be active and need to stay hydrated. Drinking water is available, but we recommend bringing water bottles. Ensure the water bottles have names marked on them accordingly.
5. PROTECTIVE MEASURES: Campers are encouraged to use bug spray and/or sunscreen for all outdoor activities.
6. The DHH Family Camp is limited to registered participants only. NO GUESTS ARE ALLOWED TO ATTEND CAMP ACTIVITIES.
7. Campers should be punctual for arrival and departure. There will be a check-in and check-out. DHH Family Camp Staff will be at registration which from 2 PM to 5 PM on Friday afternoon and departure will be on Sunday between 1PM. If extended time is needed for your arrival, please contact us and let us know.

Parent/Guardian Acknowledgment: I have read and understand the Deaf and Hard of Hearing Family Camp Rules and Policies. I understand that I am responsible for reading these rules and sharing them with my family before the first day of camp.

Signature of Parent/Legal Guardian

Date

DEAF AND HARD OF HEARING FAMILY CAMP REGISTRATION PACKET

CAMPER INFORMATION

(Participants: Parent, Guardian, Caregiver, Children)

Parent/Guardian Name:		<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing
Parent/Guardian Name:		<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing
1. Child Name:	Age:	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing
2. Child Name:	Age:	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing
3. Child Name:	Age:	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing
4. Child Name:	Age:	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing
5. Child Name:	Age:	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing

ADDRESS

Address		
MISSOURI		
City		Zip code
Cell Phone	Other Phone	Email

HOUSING DISCLOSURE: Camp Pin Oak at the Lake of the Ozarks State Park sleeping arrangements. Families will be assigned to cabin for the weekend where beds are grouped together. There are 24 rustic cabins on the campground that each sleep 4. Cabins are not equipped with AC units but do have electricity and fans are permitted to be brought from home.

If any family camp participants wish to share a cabin with another family (a parent with a child with another parent with a child) a request can be made. MCDHH will do our best to accommodate requests and will confirm arrangements ahead of time so plans can be made accordingly. Please make sure pairing families make similar requests. Likewise, if any families request being a closer proximity to another family, please make the request and we will do what we can.

Bikes are allowed to be brought to the campground.

REQUEST: _____

HOW DID YOU LEARN ABOUT OUR DEAF AND HARD OF HEARING CAMP?

<input type="checkbox"/> School	<input type="checkbox"/> Internet	<input type="checkbox"/> Social media
<input type="checkbox"/> State Park	<input type="checkbox"/> MCDHH Newsletter	Other: _____

DIETARY NEEDS

We are happy to help accommodate dietary's needs for the families as the experience an adventure of a lifetime at DHH Family Camp. MCDHH will be taking last year's feedback into consideration when planning meals.

We are able to accommodate peanut/tree nuts allergies, gluten allergies, and intolerance, dairy intolerance, and vegetarian and vegan diets during the weekend of DHH Family Camp. While the staff work closely with families regarding accommodation of food allergies, please note that we are not a peanut-nut or gluten-free facility and, thus, the possibility of exposure does still exist.

We ask all families with dietary needs/or restrictions complete the form at least two weeks prior to the weekend of DHH Family Camp.

Name:	Please select all dietary needs that apply:					
	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Dairy Allergy
	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Peanut Allergy	<input type="checkbox"/>	Sugar Free
	Other Food allergy/intolerance					

Name:	Please select all dietary needs that apply:					
	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Dairy Allergy
	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Peanut Allergy	<input type="checkbox"/>	Sugar Free
	Other Food allergy/intolerance					

Name:	Please select all dietary needs that apply:					
	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Dairy Allergy
	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Peanut Allergy	<input type="checkbox"/>	Sugar Free
	Other Food allergy/intolerance					

Name:	Please select all dietary needs that apply:					
	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Dairy Allergy
	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Peanut Allergy	<input type="checkbox"/>	Sugar Free
	Other Food allergy/intolerance					

Name:	Please select all dietary needs that apply:					
	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Dairy Allergy
	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Peanut Allergy	<input type="checkbox"/>	Sugar Free
	Other Food Allergy/Intolerance					

Is there anything else our staff should know about your or your families' dietary needs?

EMERGENCY INFORMATION

EMERGENCY CONTACT INFORMATION

PRIMARY EMERGENCY CONTACT

Name:	
Relationship:	
Cellphone:	
Other Phone:	

SECONDARY EMERGENCY CONTACT

Name:	
Relationship:	
Cellphone:	
Other Phone:	

CAMPER ALLERGIES

Name:	Allergies:
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Name:	Allergies:
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Name:	Allergies:
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Name:	Allergies:
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Name:	Allergies:
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CONSENT TO RELEASE OF PHOTOGRAPHS, VIDEO, AUDIO, AND RELEATED MEDIA FORMATS, INCLUDING ANY SOCIAL MEDIA:

Photographs may be taken during camp for the benefit of campers and parents and will not be used for education, advertising, or publicity without permission.

_____ I consent and authorize Deaf and Hard of Hearing Family Camp, including Missouri Commission for the Deaf and Hard of Hearing, Department of Missouri Conservation, and Missouri State Parks, to reproduce photographs or video taken of the campers in my family for education, advertising and publicity purpose of every description.

_____ I do not consent of authorize Deaf and Hard of Hearing Family Camp, including Missouri Commission for the Deaf and Hard of Hearing, Department of Conservation, and Missouri State Parks, to reproduce any photographs or video taken of campers in my family for any purpose. The camper(s) will participate in all activities. I understand that every effort will be made to not photograph the camper(s), and the camper's likeness will not be used for any purpose.

Please list the name of the Camper(s) **allowed** any media, or social meduca formats.

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

Please list the name of the Camper(s) **not allowed** any medica, or social media formats.

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

Signature of Parent/Legal Guardian

Date

DHH FAMILY CAMP FAIR PLAY POLICY

DHH Family Camp’s goal is to provide for personal growth in a safe environment. Please help us maintain a safe and enjoyable environment by following these policies.

FAIR PLAY POLICY

Individuals using Lake of the Ozarks State Park facilities are expected to:

1. Wear appropriate attire in all facilities, this includes a shirt and shoes
2. Refrain from using profane language
3. Refrain from placing themselves and/or others at risk (i.e. hitting, fighting, biting, kicking, spitting, etc.);
4. Respect one another and one another’s belongings
5. Not participate in any unlawful activities (i.e. illegal drugs, weapons, vandalism, stealing, etc.); and
6. When participating in activities, remain with groups as assigned, follow directions to the best of your ability and refrain from disrupting the activities.

Persons endangering the safety of themselves, or others, will be asked to leave or removed from the park facility or recreational areas. Other infractions of the rules will be handled as deemed necessary by the DHH Family Camp Staffs.

Signature of Parent/Legal Guardian

Date

Parent/Guardian Print Name

RELEASE OF LIABILITY

I, _____, the Parent/Guardian of camper(s) _____

Acknowledge that I voluntarily and willingly permit the camper(s)'s name(s) listed on the registration form to participate in this camp hosted by the Missouri Commission for the Deaf and Hard of Hearing, Department of Missouri Conservation, and Missouri State Parks, located at Lake of the Ozarks State Park.

RISK AND RESPONSIBILITY: Although, reasonable precautions are taken to provide proper organization, instruction, and equipment for campers' participation in activities at Lake of the Ozarks State Park, there can be no guarantee of absolute safety against injury and accident. Elements of risk exist in any activities involving physical exertion, individually and/or collectively during activities, and in the use of any equipment in connection with the activities. I understand that not all camp activities will have camp staff supervision or lifeguards on duty, and in such cases, the parents/guardians assume responsibility for the care and safety of their family. I, on behalf of myself and campers for which I am responsible, understand that my family members may be involved in activities, including but not limited to: arts and crafts, campfire cooking and entertainment, sports, hiking, team-building initiatives, games, water-related activities (swimming, canoeing, kayaking and fishing), and/or other physical undertakings. I acknowledge that participating in activities may result in loss of property, injury, or death.

ACKNOWLEDGMENT: In consideration of the campers' participation in the DHH Family Camp, I do for myself, my child, my family, knowingly and intentionally release, forever discharge and covenant not to sue Missouri Commission for the Deaf and Hard of Hearing, Department of Elementary and Secondary Education, Department of Missouri Conservation, and Missouri State Parks, nor any officers, agents, employees, or volunteers from and against any non-criminal claims, demands, expenses, actions and cause of action of every name, type, and nature, I or we now have, or may ever have arising out of campers' participation in the camp activities.

REQUIRED SIGNATURE: The signature provided confirms I have read and fully completed these forms: Participant Information, Consent to Release of Photographs, Video, Audio, and Related Media Formats, including Social Media; Medication Policy and Procedures; the Camp Rules and Policies, the Fair Play and Behavior Policy; Treatment Authorization; Swimming Release for applicable camps; Hiking Release; this Release of Liability; and if applicable, the Consent to Administer Medication and/or Consent to Self-Administration of Medication Authorization/Approval, and First Aid, and freely and voluntarily agree to the terms and conditions of this Release in order to participate in any and all camp activities unless specified above. I acknowledge the information I have given is correct to the best of my knowledge and that I am authorized to sign all identified releases, including this release of liability on behalf of campers involved in this camp.

Signature of Parent/Legal Guardian

Date

Parent/Guardian Print Name

MEDICATION POLICY AND CONSENT TO ADMINISTER FIRST AID

At Deaf and Hard of Hearing (DHH) Family Camp, the health and safety of our campers are our top priority. To ensure a safe and enjoyable experience, we have established the following medication policy:

1. SELF-ADMINISTRATION OF MEDICATION:

- Campers are responsible for bringing, storing, and self-administering their own medication.
- Camp staff will not store, dispense, or administer any medication to campers. If the medication needs to be stored in refrigerator, please disclose with DHH Family Camp Staff.

2. EMERGENCY MEDICATIONS:

- Campers who require emergency medication (i.e. EpiPens, inhalers, insulin) must always carry medication with them at all times.
- Parents/guardians are responsible to administer any emergency medication.

3. FIRST AID ASSISTANCE:

- Designated camp staff members are trained in basic first aid and CPR.
- In case of minor injuries or medical concerns, first aid will be provided.
- In the event of a medical emergency, 911 will be called, and parents/guardians will be notified immediately.

4. PARENTAL RESPONSIBILITIES:

- Parents/guardians must provide accurate health and medical information on the camper's registration form.
- Emergency contact information filled on the application.
- Parents/guardians must have appropriate insurance, or, in its absence, agree to cover all costs of medical services and medical transport as may be incurred on behalf of anyone of their family.

I grant permission for DHH Family Camp staff to provide basic first aid in the event of a minor injury and to see emergency medical treatment if necessary. I understand that in the event of a serious medical issue, emergency services will be contacted, and the parent/guardian will be located and notified as soon as possible.

By signing below, I acknowledge and agree to the terms of this policy.

Signature of Parent/Legal Guardian

Date

Parent/Guardian Print Name

DEAF AND HARD OF HEARING FAMILY CAMP T-SHIRT ORDER FORM

Order your Deaf and Hard of Hearing Family Shirt Camp Shirt!

Adult	Qty	Youth	Qty	Toddler	Qty	Infant	Qty
XS		XS		2T		0-3	
S		S		3T		3-6	
M		M		4T		6-12	
L		L		5T		12-24	
XL		XL		6T			
XXL							
3XL							
4XL							

Total # of Shirts: _____

Get ready for camp! We have got your official camp shirt covered! Just submit your size.

Suggested Packing List

Below is a list of suggested items to pack. Please consider Missouri weather when selecting clothing.

- △ Sheets (twin) or sleeping bag
- △ Blanket
- △ Pillow
- △ Towel/Wash Rag
- △ Bath Soap/Shampoo
- △ Toothpaste and toothbrush
- △ Personal Items
- △ Clothing
 - rain gear
 - hats
 - jeans/pants
 - ankle covering socks/extra socks
 - t-shirts
 - sweatshirt/jacket
 - swim suits
 - **“river” shoes/shoes you can get wet that are closed toed hiking boots or other closed toed shoes for non-water use**
- △ **Sunscreen/ChapStick**
- △ Phone/camera
- △ **Bug repellent**
- △ Sunglasses
- △ Books, cards, games, sketch pads, etc.
- △ Phone charger
- △ **Water Bottle**
- △ **Cooling Fan (have outlets)**
- △ **Bicycle**
- △ 5 GAL or 3 GAL Buckets for a craft activity, decorating a Sit-Upon storage seat you can take around with you all weekend. Cushioned Lids and colored duct tape will be provided.