



The Churches of Saint Timothy & Saint Ignatius
Extreme Faith Camp – June 8th-12th, 2020
Middle-School Camper Registration
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Youth Participant Name: _____ Sex: M / F

Date of Birth: ___/___/___ Grade (2019-2020): 6th / 7th / 8th School: _____

T-Shirt Size (Adult Sizes): XS / S / M / L / XL / XXL

Parent/Guardian Name: _____

Would you be interested to serve as an adult chaperone at Extreme Faith Camp? Yes / No
Would you be willing to be a bus chaperone (to and/or from camp)? Yes / No

Home Address: _____

Parent E-mail Address: _____

Parent Primary Phone: _____ Parent Secondary Phone: _____

Date of Event: Monday, June 8th – Thursday, June 12th, 2020 (7:45am on Monday; 4:00pm on Thursday)

Type of Event: Extreme Faith Camp

The following are optional activities during Extreme Faith Camp. Parents/Guardians, please initial on the "Yes" or "No" lines, to give or withhold permission, respectively, for your child to participate in following activities...

Low-Ropes Course Yes: _____ No: _____
Climbing Wall Yes: _____ No: _____
Zip-Line Yes: _____ No: _____

Destination: Big Sandy Camp (52511 185th Pl, McGregor, MN 55760)

Camper Cost: Early: before February 1st \$450 (\$100 deposit due w/ registration, final payments due May 1st)
Regular: February 1st-April 1st \$475 (\$100 deposit due w/ registration, final payments due May 1st)
Late: after April 1st \$500 (\$100 deposit due w/ registration, final payments due May 1st)

Individuals in Charge: Baylyn Wagner & Ali Hunt

Drop-off/Pick-up Location: The Church of Saint Henry

Mode of Transportation to and From Event: Bus

I, _____, grant permission for _____
Parent/Guardian Name Child Name

to participate in the above-named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Churches of St. Timothy & St. Ignatius, the Archdiocese of St. Paul & Minneapolis, and Big Sandy Camp from any claims or law suits brought against the Churches of St. Timothy & St. Ignatius, the Archdiocese of St. Paul & Minneapolis, and Big Sandy Camp by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the Churches of St. Timothy & St. Ignatius, the Archdiocese of St. Paul & Minneapolis, and Big Sandy Camp in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of the Churches of St. Timothy & St. Ignatius and Big Sandy Camp.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

_____ at _____
Emergency Contact Name Relationship Emergency Contact Phone Number

MEDICAL INFORMATION:

Insurance Company _____ Family Health Plan carrier number: _____

Family Doctor: _____ Phone Number: _____



MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Of the following statements pertaining to medical matters, sign only those that are applicable...

Medical Treatment: In the event it comes to the attention of the Churches of St. Timothy & St. Ignatius its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, **I want to be called.**

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached **Prescription Drug and Medicine Authorization Form.**

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: the Churches of St. Timothy & St. Ignatius will take reasonable care to see that the following information will be held in confidence.

Medication my child is taking at present: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have dietary restrictions? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the parishes while participating in the event.

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Parent/Guardian Signature

Date



The Churches of Saint Timothy & Saint Ignatius
CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing the Churches of St. Timothy & St. Ignatius in this event.

Please read and sign.

I, _____ **WILL:**
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, camp staff, and transportation personnel.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, the Churches of St. Timothy & St. Ignatius can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date



The Churches of Saint Timothy & Saint Ignatius
PRESCRIPTION DRUG AND MEDICINE AUTHORIZATION

Use this form only if medication is to be given during the event. The following information must be completed before medicine is given.

Youth Participant Name: _____

Name of Prescription/Medicine: _____

Prescribing Doctor: _____

Amount of Dosage: _____

Times to be Given: _____

Duration of Prescription: _____

I, _____, hereby authorize Extreme Faith nurses and/or Saint
Parent/Guardian Name
Timothy & Saint Ignatius chaperones to dispense medicine to
_____ as directed above

Youth Participant Name

Parent/Guardian Signature

Date