



The Churches of Saint Timothy & Saint Ignatius
Extreme Faith Camp (with Leadership Retreat) – June 6th-12th, 2020
High-School Leader Application & Registration
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Youth Participant Name: _____ Sex: M / F

Date of Birth: ___/___/___ Grade (2019-2020): 9th / 10th / 11th / 12th 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: Sunday, April 5th (12pm-5pm)

Type of Event: Mandatory Teen Leader Training

Destination: Good Shepherd Catholic Church (145 Jersey Avenue South, Golden Valley, MN 55426)

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

Mode of Transportation to and From Event: Carpool

Date of Event: Saturday, June 6th – Friday, June 12th, 2020 (9am on Sat; 4pm on Fri)

Type of Event: Extreme Faith Camp (with Pre-Camp Leadership Retreat)

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)

Student Cost: \$400 (\$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 (Please fill out a corresponding "PRESCRIPTION DRUG AND MEDICINE AUTHORIZATION" form): _____

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

For headache or minor pain, my child may be given: _____

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.



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 Saint Timothy & Saint Ignatius.

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 Saint Timothy and Saint 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