

Grades 6-8 EXTREME FAITH CAMP

MONDAY, JUNE 23 - FRIDAY, JUNE 27
Camp Courage, Annandale, Minnesota
www.conferenceandretreat.org

Extreme Faith Camp is...

An amazing Catholic summer camp experience for youth currently in grades 6-8:

Kayaking, canoeing, paddleboats, swimming (pool and lakefront), fishing, ropes courses, mini-golf, air hockey, table tennis, indoor gym and outdoor courts for basketball, Wacky Olympics, arts & crafts, Mass, Eucharistic Adoration, reconciliation, beautiful cabins and lodging.

Dynamic speakers, awesome music, small group sessions.

Building friendships with other youth.

Drawing closer to Jesus and the Holy Trinity

COST: \$380
(\$280 for the first 10 to register!)

Includes:
Transportation to and from camp,
lodging, food, fun & a really sweet t-shirt.

Financial Assistance will be available + fundraising opportunities

Registration is due June 4th to the Parish Office

**A letter confirming departure time on the 23 and pick-up time on the 27
will be sent a week prior to the camp.**

PARENTAL/GUARDIAN CONSENT AND LIABILITY WAIVER
THIS FORM IS TO BE HANDED INTO: **St. Jude of the Lake** – Youth Ministry Office

Type/Date of Event: Extreme Faith Camp 2014 (Camp Courage) June 23-27, 2014

Location: Camp Courage, Annandale, MN

Group Leader: **Jennifer Smeby**

Mode of Transportation: Bus

Cost of Event: **\$380.00 (\$50.00 to reserve your spot – Final payment due June 4th, 2014)**

T-Shirt Size: Youth Large, SM MED. LG. XL XXL XXXL

Participant's Name: _____

Home Address: _____

City: _____ **State/Zip:** _____

Home Phone: _____ **Email:** _____

Date of Birth: ____/____/____ **Gender:** Male Female **Current Grade in School:** 6 7 8

Parent/Guardian's Name: _____ **Phone:** _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. 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:

Name Relationship Phone Number

HEALTH INFORMATION: (Please Provide A Copy Of Your Medical Insurance Card)

Medication my child is taking at present: _____

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

Allergies _____ **Other Medical Conditions:** _____

Insurance Company _____ **Family Health Plan carrier number:** _____

Family Doctor _____ **Phone Number** _____

I, _____, **GIVE PERMISSION FOR** _____
Parent or Guardian Name Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify **St. Jude of the Lake** other participating parishes, and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought 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 **St. Jude of the Lake** other participating parishes, and the Archdiocese of St. Paul & Minneapolis from in defense of such a claim/suit. I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense. 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 **St. Jude of the Lake**, other participating parishes, and the Archdiocese of St. Paul & Minneapolis while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense. I also give permission for video, pictures, or other images of my child to be used for Extreme Faith Camp promotional videos, flyers or other materials related to **St. Jude of the Lake** and other participating parishes youth programs.

Parent/Guardian Signature _____ **Date** _____

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 **St. Jude of the Lake**, other participating parishes, and the Archdiocese of St. Paul & Minneapolis from, chaperons, 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 at my expense.

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 & Medical Authorization Form.**

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: **St. Jude of the Lake** and other participating parishes will take reasonable care to see that the following information will be held in confidence.

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

Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

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:

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *St. Jude of the Lake* and other participating parishes on June 23- 27, 2014

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, support staff, transportation personnel and administration.
- 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 *St. Jude of the Lake* and other participating can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to:

St. Jude of the Lake

No later than June 4, 2014

The **St. Jude of the Lake** and other participating parishes is sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18

St. Jude of the Lake AND OTHER PARTICIPATING PARISHES
PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS
(USE THIS FORM ONLY IF MEDICATION IS TO BE GIVEN DURING THE EVENT)

**Any prescriptions or over-the-counter medicine must be in the original
& labeled container.**

The following information must be completed before medicine is given.

Student Name: _____

Name of Prescription/Medicine: _____

Prescribing Doctor: _____

Amount of Dosage: _____

Times to be Given: _____

Duration of Prescription: _____

I, _____, hereby authorize the **Extreme Faith Camp Nurse** to
Parent/Guardian

dispense medicine to _____ as directed above.
Teen

Signature of Parent/Guardian

Date