

**St. Matthew Catholic Church
High School Youth Ministry
Catholic Heart Work Camp - Nashville
Sunday, July 17 – Saturday, July 23**



Participant Checklist

(Keep this page somewhere handy for your information!!)

Complete St. Matthew registration form, sign and date.

Submit registration, liability release and payment to the Youth Ministry Office in Faith Formation.

(Checks payable to St. Matthew Catholic Church - Financial aid is available from St. Matthew and Life Teen. If cost is prohibitive, please contact us ASAP to discuss a way to proceed.)

Conference Cost: \$400/participant

\$90 deposit due with registration

Balance payment of: \$310 due by May 1

CANCELLATION POLICIES: Full refund if cancelled prior to May 1. After May, \$90 deposit is unrefundable, but balance will be refunded.

St. Matthew will provide you with the link to complete the online Catholic Heart Work Camp Participant Form.

Packing list and travel information will be shared with you in June!

MULTIPLE TRIP PARTICIPATION:

Teens are welcomed to participate in more than one summer trip with St. Matthew Youth Ministry, but we reserve the right to limit students to one trip if space is needed to allow other students to participate. If this happens, we will contact each family to discuss how to proceed prior to adjusting registration and we promise priority of choice to the family who registered first.

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Catholic Heart Work Camp - Nashville
Sunday, July 17th - Saturday, July 23rd**



St. Matthew Emergency & Release Form

To be completed by parent/guardian, and returned with payment to St. Matthew Youth Ministry Office.

Participant Name: _____

Participant Grade: _____ **School:** _____

Participant Email (if applicable): _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Emergency contact: _____

Emergency contact phone: _____

Primary Physician/Phone: _____

Insurance Company: _____

Policy Number: _____

Health History (please list any and all allergies, health conditions or concerns)

Medications (please list any and all medications being taken, reasons for taking and dosage/time taken)

Do you consent to allow you child to be given ibuprofen or acetaminophen if necessary?

Release:

I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated staff supervisor and adult volunteers. I further agree that I have received information about this event and consent to the condition of participation in this event, including the method of transportation. I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the staff supervisor or by an adult volunteer chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.

I give permission for the Diocese of Charlotte and/or St. Matthew Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. Matthew Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability from damages suffered as a result of or relating to the use of any photograph, slide, videotape or audiotape of my child while participating in the program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



St. Matthew Catholic Church Youth Code of Conduct



I represent my family, St. Matthew and the Catholic Church. I will project an image of Christian consideration, sensitivity and respect for other people and the property around me.

I understand that I am acting as a role model and mentor for the children of St. Matthew and as such will be a representation of Christian responsibility, kindness and patience.

I will respect and adhere to all policies enforced by the adult volunteers, who will set an example by their conduct for me. If event is taking place off campus, I will respect and adhere to all policies set forth by the venue.

If event is an overnight, I understand that all cabins are gender specific and no one of the opposite gender may enter cabins, with the exception of the Youth Ministry staff person.

I understand that no one may leave the group or the premises without permission. In the unlikely event that a need to leave arises, I will seek the consent and permission of the Youth Ministry staff person.

I understand that all St. Matthew Youth Ministry events are designed as drug, alcohol, tobacco and BAD ATTITUDE free; and anyone found in possession of any of the above substances or attitudes will be dismissed immediately. Parents will be called at any hour to retrieve the person who violates this rule.

I agree that everyone is responsible for clean up.

I have read and understand the above rules. I agree to abide by them for the duration of the Youth Ministry Event. I am aware that in failing to do so, I can be dismissed from the event.

Youth Participant Name (printed): _____

Youth Participant Signature: _____

Parent/guardian Signature: _____

Date: _____