



Catholic Diocese of Richmond

# Summer Work Camp

## Adult Work Camp Registration Form

Please complete the registration form and return it to your parish contact for Work Camp.

### ADULT PARTICIPANT INFORMATION

Name: \_\_\_\_\_ First Name for Nametag: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parish Name: \_\_\_\_\_ City: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

Please check if you would like a special menu:  Vegetarian (\$50 extra)  Vegan (\$50 extra)  
 Gluten-free (\$50 extra)  Peanut-free

Medical Training:  I am a doctor.  I am a nurse.  I am a dentist.  I am an EMT.  Other \_\_\_\_\_

### SAFE ENVIRONMENT

All adults who participate in a youth event sponsored by the Office of Youth Ministry must be in compliance with the Diocesan Safe Environment Policies. Please indicate that you have completed each component listed below:

Yes  No Screening One (completed every 5 years)

Yes  No VIRTUS Training (completed once)

Print your entire legal name: \_\_\_\_\_

### ADULT PARTICIPANT SKILLS AND EXPERIENCE

There is no need to be experienced with home improvement to be an adult participant at Work Camp. However, if you have any home improvement skills and experience (formal or informal), please list below.

Example: Painting – have painted several interior spaces  
Familiar with basic tools such as hammers, screwdrivers, sanders, and ladders  
I'm a retired plumber

Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Relationship to Participant \_\_\_\_\_



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## Medical Information and Release Form *All information is kept private and confidential*

Name of Participant: \_\_\_\_\_

### MEDICAL INFORMATION

*In many cases, our Work Camp team is not familiar with the medical, physical, and/or emotional history of each participant. Since this participant will be participating in a weekend retreat, it is essential that ANY information relating to the participant is shared in detail. BE AS SPECIFIC AS POSSIBLE.*

Is the participant allergic to anything?

YES  NO

List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):

Is the participant currently taking or has taken any prescription medication in the last 6 months?

YES  NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any emotional, physical or sensory conditions?

YES  NO

List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.

List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

Has the participant received a tetanus shot?

YES  NO

List the date of the last tetanus shot:

### RELEASE OF LIABILITY AND MEDICAL RELEASE

*I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Catholic Diocese of Richmond, its officers, directors, agents employees, or representatives associated with this event from any and all liability, loss or damage arising from or in connection with my participation in this diocesan event.*

*Furthermore, I hereby warrant that to the best of my knowledge, I am in good health and assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor or that my emergency contact be notified prior to any further treatment. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of myself (named above) engaged in activities related to any Diocesan event to have my pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission.. If no box is checked below, the Diocese of Richmond assumes you give permission.*

YES  NO Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# Summer Work Camp

## ADULT CODE OF CONDUCT

Group Leaders and Chaperones must read, understand, agree, sign and return this sheet. Please be sure that all adults in your group understand and abide by these policies.

### Basic Role of Chaperones

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The Office of Evangelization for Youth and Young Adults depends on the Chaperones to help facilitate order and to serve as a network of support for the youth. It is important that the Chaperones be an example of obedience and cooperation with the following policies as well as with our staff and volunteers on site. Because of the physical demands of the Work Camp, it is necessary that Chaperones be in good health. It is a very intense week and can be exhausting both physically and spiritually. Because of these conditions, it is not recommended that those with health problems participate as Chaperones.

Chaperones should be constantly assessing the youth in their group to be aware of any special needs. They should feel comfortable talking and sharing with the youth. Adults should also be willing to pray with the youth in their group. Adult Chaperones are responsible for their students at all times.

### Duties of a Chaperone

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A Chaperone's responsibilities include, but are not limited to, the following areas:

#### 1. Alcohol, Drugs, and Smoking

- ✓ All state laws concerning alcohol and drugs will be strictly enforced.
- ✓ Possession and/or consumption of alcohol or drugs are not permitted on site during the retreat.
- ✓ All Work Camp sites and buildings are smoke-free facilities.
- ✓ Adults who chose to smoke must smoke out of sight of youth participants.

#### 2. Appropriate Dress

- ✓ All participants are expected to dress in a fashion that represents modesty, respecting other participants and our Lord.
- ✓ Clothing must cover all undergarments and midriffs. Male participants must wear shirts at all times during Work Camp.
- ✓ The Group Leader and Chaperones are expected to communicate these expectations to the youth before the Work Camp and enforce the dress code at all times during the Work Camp.

#### 3. Participation

- ✓ It is expected that all Work Camp participants (youth, Chaperones, group leaders) will be present and participate at all activities during the entire Work Camp week.
- ✓ At no time should a youth participant leave the Work Camp without one of their adult Chaperones. Adults are strongly discouraged from taking youth off site, except in the case of an emergency.
- ✓ It is to be understood that the said adult takes full responsibility for a youth if they depart Work Camp.

#### 4. Housing

- ✓ Chaperones are responsible for making sure that teen participants are in their designated sleeping areas at curfew time. We are guests at the school and we ask that it is left in better condition than it is found.
- ✓ All youth and adults must be in the sleeping areas by the designated times.
- ✓ An atmosphere of quiet and respect is expected following the lights out time. Violators will be subject to appropriate discipline.

#### 5. Insubordination

- ✓ It is expected that youth and adults will follow the direction of all Work Camp staff and volunteers.
- ✓ Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to appropriate discipline.
- ✓ The first and primary method of dealing with discipline problems will be to work through the Group Leader.

The Catholic Diocese of Richmond reserves the right to deny entrance to, or request the ejection of any group or individual who does not comply with the regulations and policies for the Work Camp. In the event that entrance is denied or a person(s) is ejected, NO REFUND will be made.

I have read, understand, and agree to the above policies. I will ensure that anyone accompanying me to the retreat also understands and agrees to these policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parish: \_\_\_\_\_