

“BRAVE” and “EXPEDITION” SUMMER CAMPS!!!

July 1-5, 2019
(Monday-Friday)
Forest Glen Camp
Huntsville, TX

The camp is located in the heart of the Sam Houston National Forest and has a 24-acre private lake! We are very excited about the plans for our camp this year, and we can hardly wait for it to begin!!! We are going to have a blend of spiritual and recreational activities all week long that will help the teens to grow stronger in their faith and character. **All Youth from current 6th graders through graduating seniors will be able to attend these great camps, but we are limited on spots!!!**

“Brave” Summer Camp is for current 9th-12th Grade youth.
“Expedition” Summer Camp is for current 6th-8th Grade youth.

Both camps will be held at the same time and at the same camp facility.
However, the two camps will be completely separate. (Separate sleeping rooms, separate activities, etc.)

For a closer look at the camp facilities, check out their website: www.forestglen.org

The Details:

- Cost is \$350 per participant
- A non-refundable deposit of \$100 is due with registration form on January 20th 2019 (the initial \$50 deposit is included in this total)
- Balance (\$250) is due on April 14th, 2019
- Please make checks payable to “St. Luke Catholic Church”

- We will travel by bus to the camp and stay in air conditioned cabins

- Drop-off and Pick-up time and location are TBD. We are looking at sharing buses with other parishes and are still finalizing those details.

- Spiritual activities for this year’s camp include: Mass, Adoration of the Blessed Sacrament, prayer services, inspirational talks, praise and worship, AND MANY MORE!!!

- Recreational activities for this year’s camp include: high and low ropes courses, zip lines, rock wall climbing, team building, water wars, canoeing, fishing, team sports such as soccer, touch football, volleyball, etc., swimming, ga-ga ball, small group competitions, AND MANY MORE!!!

- If you have any questions, please feel free to contact us!

Kate for BRAVE: 832-389-8000 youthministry@stlukesatholic.com
Ben for EXPEDITION: 832-389-8454 childministry@stlukesatholic.com

GET READY FOR AN ADVENTURE IN SUMMER 2019!!!

BRAVE/EXPEDITION SUMMER CAMP

REGISTRATION FORMS - July 1st-5th, 2019

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Cost: \$350 Per Participant - Non-Refundable Deposit of \$100 due by 1/20/2019- Balance Due 4/14/2019

Office Use Only

PAYMENTS:

Participant's Name _____ Date of Birth _____

Home Address _____ City/Zip Code _____

Parent(s)/Guardian(s) _____ Home Phone () _____

Parent Cell Phone Number: () _____ Alt. Cell Number:() _____

Parish: St Luke the Evangelist - Houston School: _____

CURRENT Grade in School right now: _____ Age: _____ Sex: M / F

PARENT'S Email Address: _____

ROOMMATE REQUEST: _____

T-Shirt Size (Adult Sizes): X-Small Small Medium Large XL XXL XXXL

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child,
(participant's name), _____ to participate in BRAVE/Expedition Summer Camp
on July 1st-5th, 2019 at Forest Glen Camp in Huntsville, TX. This includes bus or chaperone transportation.

I agree on behalf of myself, my child's other parent if known or living (name of other parent), _____,
my child name herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the
sponsoring parish (its pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with
the scheduled activity unless the parties involved were careless and negligent.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian) _____ Date _____

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant) _____ Date _____

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

Signature (Parent/Guardian) _____ Date _____

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND LEAVE NO BLANKS!!!

If an item is not applicable, write "N/A"

MEDICAL CONSENT FORM**Name of Participant:** _____**Medical Matters**

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

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency **and you are unable to reach me**, contact:

Name & Relationship: (NOT THE PARENT) _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ Dosage/Administer: _____

Reason for taking: _____

Initial next to ONE of the following:

(Initial) I hereby **Grant Permission** for nonprescription medication (such as Tylenol, Benadryl, throat lozenges, cough syrup, etc.) to be administered to my child if deemed advisable. I understand that Aspirin will not be given to my son/daughter._____
(Initial) I hereby **Do Not Grant Permission** for medication of any type (prescription or nonprescription) to be administered to my child unless the situation is life-threatening and emergency treatment is required.**Medical Conditions Information:** (Personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Had an episode of the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, medications, latex, etc.) _____
→Specify severity/reaction of allergy _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care Yes No
- Has a medically prescribed diet? _____
- The following physical limitations: _____
- Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical and/or psychological conditions of my child (e.g. depression, A.D.D., etc):

Insurance Information: No, my child does not have medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Phone: (____) _____

Mother's Name: _____ Phone: (____) _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian must sign for anyone under 18 years of age)_____
Date

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND LEAVE NO BLANKS!!!
If an item is not applicable, write "N/A"