



You're Invited!!!

- What:** **Middle School Summer Camp** (An overnight, Christ-centered Summer Camp put on by parishes in the Rockford Diocese)
- Why:** *Summer Camp is an awesome opportunity for our young people to get away from the distractions of everyday life to have fun, encounter the Lord, and strengthen friendships.*
- Where:** **Lutherdale Bible Camp** (N7891 US-12, Elkhorn, WI 53121)
NOTE : We are renting out the campsite for the week. This is a Catholic summer camp we are putting on there.
- When:** **Tuesday, June 11th @ 8AM - Friday, June 14th @ 2:30PM**
- Transportation:** *We are sharing a bus with St. Bridget, so drop-off and pick-up will be at St. Bridget parking lot. Transportation will be provided for students to and from St. Bridget Catholic Church to Lutherdale Bible Camp in Elkhorn, Wisconsin.*
- Cost:** **EARLY BIRD REGISTRATION \$325 (ends February 1, 2018)**
REGULAR REGISTRATION \$375 (after February 1, 2018)
Covers, meals, supplies, bus transportation to and from the camp, rooms, activities at camp, and T- shirts.
(NOTE: monthly/bi-monthly payment plans are an option for all students to help lessen the burden of the cost.)

**MIDDLE SCHOOL SUMMER CAMP 2019
YOUTH PARTICIPANT PERMISSION FORM**

One form must be completed for each person attending. This completed form and payment must be returned to Holy Family School or Parish Center NO LATER than May 30th.

Checks can be made out to "Holy Family Catholic Church."

YOUTH INFORMATION

Name: _____
(First) (Middle Initial) (Last)

Male/Female: _____ **DOB:** _____ **Grade (2019/20):** _____

T-Shirt Size (adult): Small Medium Large

MEDICAL HISTORY

Insurance Policy in the name of: _____ Policy # _____

Insurance Company: _____ ID # _____

Allergies (meds / foods / etc.): _____

Will your child be taking prescription medication at the time of the event? Yes ___ No ___

Can your child be responsible for taking his or her own medication? Yes ___ No ___

Medications / medical condition: _____

Physician of Choice: _____

Physician Phone # (____) _____

Does your child have any other special needs? _____

PARENT / GUARDIAN INFORMATION

Name: _____ **Relationship:** _____

Preferred Phone # (____) _____ **Alternate Phone #** (____) _____

Email: _____

EMERGENCY CONTACT

Please provide contact for a responsible adult who can assume responsibility for child if Parent/Guardian cannot be reached:

Name: _____ Relationship: _____

Preferred Phone # (_____) _____ Alternate Phone # (_____) _____

YOUTH PERMISSION FORM

CONSENT - I grant permission for my child, _____, to attend and participate in Summer Camp herein referred to as ("Activity") to be held at **Lutherdale Bible Camp** on **Tuesday June 11 - Friday June 14, 2019.**

STUDENT COOPERATION - My child agrees to abide by all the rules of aforementioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.

Student Signature: _____

FIRST AID / EMERGENCY TREATMENT - I authorize the School, Parish, and Diocese and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Parish, School, and Diocese to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.

ADMINISTRATION OF MEDICATION - If my child needs to take prescription or non-prescription medication during this Activity, I have provided the medication in its original container. I give permission to an adult employee or adult volunteer to administer the medication or assist in the administration of the medication to my child in the dosage prescribed by the prescription or, for non-prescription medication, the dosage recommended on the container by the manufacturer. If there are explicit instructions for this medication, I state them here:

Regarding non-prescription medication, please check one:

- I give permission for non-prescription medications to be given to my child.
 I want to be informed by phone call before any non-prescription medication is given
 I do not give permission for non-prescription medications to be given to my child.

PERMISSION TO USE IMAGE & LIKENESS - I acknowledge that I am aware that representatives of the Parish and/or the Diocese of Rockford intend to document this Activity through [but not limited to] video, audio, photo and printed word, including its travels and activities, and may use images and quotes from the Activity in promotional materials. I hereby grant the Parish and/or the Diocese of Rockford permission to use my own and/or my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the Parish and/or the Diocese of Rockford and will not be returned. I hereby irrevocably authorize the Parish and/or the Diocese of Rockford to edit, alter, copy, exhibit, publish or distribute my child's image or likeness for purposes of publicizing or promoting the Parish and/or the Diocese of Rockford programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge the Parish and/or the Diocese of Rockford from all claims, demands, and causes of action with I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child's behalf, or on behalf of my estate have or may have be reason of authorization.

RELEASE - I hereby release and discharge The Diocese of Rockford and its Bishop, the Parish and School, and the officers, directors, employees and volunteers of the same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School, or its employees. If I have provided medication for my child to take during this Activity, I hereby release and discharge The Diocese of Rockford and its Bishop, the Parish and School, and the officers, directors, employees and volunteers of the same, from all claims for personal injuries or property damage that I or my child may suffer as a result of the administration or lack of administration of or assistance in or lack of assistance in the administration of said medication to my child, whether by my child and/or an adult employee and/or an adult volunteer; unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees.

If I, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is needed, I hereby authorize the transporting of my child to a hospital or physician for treatment.

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

Date: _____