

Extreme Faith Camp 2015

Jr. High Registration Form

St. John the Baptist

PARENTAL/GUARDIAN CONSENT AND LIABILITY WAVER

THIS FORM IS TO BE HANDED INTO: Office, Youth Minister

Youth Minister: Adam Roeble

Participant's Name: _____

Home Address: _____

City: _____ **State/Zip:** _____ **Home Phone:** _____

Email: _____

Date of Birth: ___/___/___ **Gender:** ___ Male ___ Female **Grade in School (Fall 2015):** 7 8 9

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

T-Shirt Size: SM MED LG XL XXL XXXL

Type/Date of Event: Extreme Faith Camp 2015/ Saturday, June 27- Wednesday, July 1

Location: Big Sandy Camp – McGregor, MN **Group Leader:** Adam Roeble

Travel Details: Departure: Saturday, June 27 **Return:** Wednesday, July 1

Mode of Transportation: Bus

Cost of Event: \$300 Early Bird Special-Until April 1st

\$ 350 After April 1st until May 8th. **May 8th is the FINAL DEADLINE.**

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:

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 the Church of St. John the Baptist 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 the Church of St. John the Baptist 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 Church of St. John the Baptist 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.

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 Church of St. John the Baptist, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, 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: Church of St. John the Baptist 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: _____

BIG SANDY YOUTH REGISTRATION / MEDICAL FORM			
		M F	
Camper name		IMMUNIZATION RECORD— <i>CHECK (X) IF IMMUNIZED AGAINST.</i>	
Address		<input type="checkbox"/> POLIO	<input type="checkbox"/> WHOOPING COUGH
City State Zip		<input type="checkbox"/> SMALL POX	<input type="checkbox"/> MEASLES
Home Phone # E-Mail Address		<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> RUBELLA
Grade	Age at Camp	Date of Last Tetanus Booster _____	
Retreat/Camp Session Date Year		LIST ANY ACTIVITY RESTRICTIONS, DIETARY RESTRICTIONS, HEALTH PROBLEMS AND/OR MEDICATION (RX OR OTC) RELATING TO YOUR CHILD. PLEASE GIVE A DESCRIPTION OF ANY CURRENT PHYSICAL, MENTAL, OR PSYCHOLOGICAL CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESTRICTIONS OR CONSIDERATIONS WHILE AT CAMP. USE THE REVERSE SIDE OR AN ADDITIONAL SHEET.	
IMPORTANT			
Church Sponsoring, <i>if any</i>		IF THE HEALTH HISTORY IDENTIFIES HEALTH PROBLEMS OR ACTIVITY LIMITATIONS, A PHYSICAL EXAMINATION MUST BE PERFORMED BY A LICENSED PHYSICIAN WITHIN ONE YEAR BEFORE ADMISSION TO CAMP, INCLUDING INSTRUCTIONS RELATIVE TO THE LIMITATION OF THE CAMPER'S PARTICIPATION IN CAMP ACTIVITIES OR MEDICATION REQUIREMENTS.	
Parent or Guardian		I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO PROTECT AND SAFEGUARD ALL GUESTS. I AGREE NOT TO HOLD BIG SANDY CAMP LIABLE FOR ANY ILLNESS OR MISHAP FROM ANY CAUSE WHATSOEVER.	
Emergency Contact Person		I ALSO GIVE CAMP FULL AUTHORITY IN DEALING WITH CAMPER DISCIPLINE. I UNDERSTAND THAT ANY CAMPER DISREGARDING CAMP RULES IS SUBJECT TO BEING SENT HOME WITH NO REFUND OF CAMP FEES. I UNDERSTAND THAT ANY CAMPER WHO WILLFULLY DESTROYS PROPERTY WILL BE HELD RESPONSIBLE AND BE CHARGED ACCORDINGLY.	
Emergency Home Phone		BIG SANDY CAMP MAY USE PHOTOS, VIDEO, OR COMMENTS, OF THE CAMPER NAMED ABOVE IN ITS PROMOTIONAL MATERIALS.	
Emergency Cell Phone		I GIVE PERMISSION TO BIG SANDY CAMP TO DISPENSE MEDICATION (RX OR OTC MEDICATION) TO MY CAMPER TO MANAGE ILLNESS AND INJURY AS DIRECTED BY THE BIG SANDY CAMP MEDICAL PROTOCOL.	
Health Insurance Company		IN CASE OF EMERGENCY, IF I CANNOT BE CONTACTED, OR THE EMERGENCY NUMBER CANNOT BE CONTACTED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD, AS NAMED ABOVE.	
Insurance ID #		ALL ABOVE INFORMATION IS CORRECT AS LISTED.	
Group #		SIGNATURE OF PARENT OR GUARDIAN	
Physician's Name		DATE	
Phone Number			
HEALTH HISTORY— CHECK (X) THOSE THAT APPLY			
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> HEART TROUBLE		
<input type="checkbox"/> CHICKEN POX	<input type="checkbox"/> SKIN TROUBLE		
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> BED WETTING		
<input type="checkbox"/> CONVULSIONS	<input type="checkbox"/> EAR TROUBLE		
<input type="checkbox"/> EMOTIONAL PROBLEMS			
ALLERGIC TO:			
<input type="checkbox"/> PENICILLIN			
<input type="checkbox"/> INSECT STINGS			
<input type="checkbox"/> OTHER (LIST)			

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing the Church of St. John the Baptist, in this event sponsored by the Church of St. John the Baptist, June 27-July 1, 2015.

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

Dress Code for Girls: _____ initial here

- Shirts: No cleavage, bare midriff, open backs, consistently visible bra straps. No tank tops will be worn.
- Pants: You must be able to sit down or bend over without showing any part of your undergarments or posterior cleft. No leggings, jeggings, yoga pants, or exercise tights. Tears in jeans must follow the rule for shorts
- Shorts: Hem must be at least to the length of your fingertips when your arms are relaxed at your side.
- Bathing suits: Only one-piece and tankini will be permitted.

Dress Code for Boys: _____ initial here

- Shirts: must remain on unless swimming.
- Pants: must cover all undergarments at all times. No leggings. Tears in jeans must follow rules for shorts.
- Shorts: Hem must be at least to the length of your fingertips when your arms are relaxed at your side. No running shorts.
- Bathing suits will follow shorts rule and pants rule.

I agree that if any of these terms are violated, the Church of St. John the Baptist can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to:

Attn: Adam Roeble

**Youth Ministry, St. John the Baptist
835 2nd Ave NW, New Brighton, MN 55112
By Friday May 8th, 2015**

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 and stored under lock and key.

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 **Church of St. John the Baptist** to dispense medicine to
Parent /Guardian Name

_____ as directed above.
Participants Name

Signature of Parent/Guardian of Participant

Date