

BE NOT AFRAID



St. Elizabeth Ann Seton

JUNIOR HIGH

DAY CAMP

June 26-29, 2017

JUNIOR HIGH DAY CAMP 2017

JUNE 26-29

COST: \$150

**\$50 NON- REFUNDABLE DEPOSIT DUE AT REGISTRATION
FINAL PAYMENT DUE MAY 26th**

MONDAY: DAY RETREAT

TUESDAY: MAIN EVENT

WEDNESDAY: SERVICE DAY

THURSDAY: TYPHOON TEXAS

Adult Chaperones needed. If you are able to help for any or all of JHDC please e-mail Andrew at aschuelke@seascatholic.org.

Spots are limited

JHDC 2017

Archdiocese of Galveston-Houston

Office of Adolescent Catechesis and Evangelization

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name _____

Date of Birth _____

Home Address _____

City/Zip Code _____

Parent(s)/Guardian(s) _____

Home Phone _____

Alternate Phone Number: _____

Cell Phone or Work

Parish or Catholic School _____ Grade _____ Age _____ Sex _____

Primary Parent's Email Address _____

(ADULT)

T-Shirt Size:

Small

Medium

Large

XL

XXL

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 the Junior High Day Camp to be held June 26-29, 2017 at St. Elizabeth
Ann Seton.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

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/activity (see Code of Conduct). 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

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. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

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 and I understand that all financial obligations are my responsibility.

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

Name & Relationship _____ Phone _____ Phone _____
Family Doctor _____

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: _____

Permission to Give Medication

I hereby Do Not Grant Permission for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

OR

I hereby Grant Permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: Seizures Asthma Diabetic
Allergic reactions to the following (foods, dyes, latex etc.)
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 conditions of my child (e.g. depression, anxiety, etc.):

Insurance Information: No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day 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) Parent/Guardian must sign for anyone under 18 years of age.

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

Transportation Waiver – For Teens and Chaperones

Voluntary Release Form – Liability Waiver

Parish/Catholic School: St. Elizabeth Ann Seton Catholic Church and Schools

Name of Participant: _____

Description of Activity/Event: Junior High Day Camp

Date of Activity/Event: June 26-29, 2017

I understand that the Church does not control, own, or operate the transportation companies, the restaurants, hotels, or other service providers from which I may receive goods and services in the course of this activity. Each of these is an independent contractor and completely responsible in its own right for the safe and ethical delivery of goods and services it provides. To the extent I believe that any of them should be scrutinized prior to contributing toward this activity, I agree that I will personally undertake to perform such scrutiny and will not rely on the Church to do so.

Furthermore, in consideration of my participation in the above described activity, I, the undersigned Activity Participant, including my agents, representatives, family members, heirs, and assigns, agree to hold harmless and defend St. Elizabeth Ann Seton Catholic Church and Schools Archdiocese of Galveston-Houston, its officers, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the activity.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Parent Signature: _____ Date: _____

Print Name: _____

Junior High Day Camp 2017