

**ALL ABOARD!**

**THE ST. ISIDORE CHURCH SUMMER FAITH CAMP 2020**

**REGISTER BY APRIL 3<sup>RD</sup>  
AND RECEIVE \$10 OFF  
EACH CAMPER**



**Date: June 15 – June 19  
Time: 8:45 am – 12:00 pm  
Location: Msgr. Cardelli Gym**

**REGISTRATION FEES**

**\$80 Each Camper (3rd or more campers \$40 each)**

**Camp Age Requirement: Pre-K - 5<sup>th</sup> Grade**

**(Pre-K campers MUST be 4 years old & Potty-trained)**

**SPACE IS LIMITED IN PRE-K**

**CAMPER INFORMATION:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_

Grade in Fall 2020 \_\_\_\_\_ School in Fall \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender (please ✓) Male ☐ Female ☐

Food Allergies / Medical Issues / Learning Difficulties: \_\_\_\_\_

**Parent(s) Information:**

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Cell# \_\_\_\_\_

Street

City

Zip

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Cell# \_\_\_\_\_

(if different from above)

Street

City

Zip



**CAMPER T-SHIRT** - Each camper receives one T-shirt (Please ✓ only one box)



Youth X-Small  
(Size 4)



Youth Small  
(Size 6-8)



Youth Medium  
(Size 10-12)



Youth Large  
(Size 14-16)



Youth X-Large  
(Size 18-20)

**ADULT VOLUNTEER INFORMATION**(Please fill out info below ONLY if you can volunteer)

Full Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Availability**

(Please ✓ box)

- ☐ Set-up (Pre-Camp)
- ☐ Clean up (Last Day)
- ☐ All Week (During Camp)
- ☐ Volunteer in Pre-K classroom

**Area of Interest**

(Please ✓ box)

- ☐ Camp Guide
- ☐ Arts & Crafts
- ☐ Kitchen/Snacks
- ☐ Music
- ☐ Field/Outdoor Games
- ☐ Skits/Bible Adventure
- ☐ Decorations (Pre-Camp)

**Adult Volunteer T-Shirt Size**

(Please ✓ only one box)

- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult X-Large
- ☐ Adult 2-XLarge

**CHILD CARE INFORMATION FOR VOLUNTEERS:**

If you are volunteering during the week of camp and need child care, please fill out the information below along with an Emergency Release form. There is no fee.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Food Allergies / Medical Issues: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Food Allergies / Medical Issues: \_\_\_\_\_

THE ATTACHED EMERGENCY / MEDICAL FORM MUST BE FILLED OUT, SIGNED AND TURNED  
IN WITH THIS REGISTRATION FORM FOR EACH REGISTERED CAMPER.

THANK YOU!



Diocese of Oakland  
Office of Youth and Young Adult Ministry  
**PARENTAL PERMISSION, HEALTH AUTHORIZATION RELEASE FORM**

**TWO SIDED FORM  
OVER →**

**STUDENT INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_  
Address: \_\_\_\_\_ School: \_\_\_\_\_

**PARENT INFORMATION**

Parent / Guardian(s): \_\_\_\_\_  
Address: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENT):**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Contact Phone #1: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

\*\*\*\*\*

**HEALTH AND MEDICAL INFORMATION**

Child's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_  
Medical Plan: \_\_\_\_\_ Plan ID # \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment to your child in an emergency, as considered necessary by the attending physician?    ☐ YES    ☐ NO

If NO, briefly state reason why you do not want medical care given to your child in an emergency:

\_\_\_\_\_

My child has peanut/nut or severe food allergies (please explain): \_\_\_\_\_  
\_\_\_\_\_ Will bring an EPI-Pen at camp?    ☐ YES    ☐ NO

My child has difficulty with the following (circle all that apply)

ASTHMA   FAINING   CONVULSIONS   DIABETES   HEART   EYES   EARS/HEARING   NASAL   THROAT   MIGRAINES  
DIGESTION   MENSTRUAL PROBLEMS   DAIRY ALLERGY   NUT/PEANUT ALLERGY   SEASONAL ALLERGIES   ADHD

OTHER (Explain): \_\_\_\_\_

List all conditions for which your child requires ongoing medication and state the type and frequency of medication:

\_\_\_\_\_

List any restrictions for any activity on the basis of a medical condition: \_\_\_\_\_

**OVER →**



## PARENTAL PERMISSION AND ACKNOWLEDGEMENT OF CONDITIONS FOR PARTICIPATION IN PROGRAM

1. I/WE, parent or authorized guardian of \_\_\_\_\_ give permission of his/her participation in **Summer Faith Camp** and all related activities, including but not limited to transportation to and from youth ministry events.
2. I/WE, agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation staff or adult volunteer leaders.
3. I/WE, agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event or program, whether or not caused by the negligence of parish staff, Faith Formation employees, volunteers, agents or other participants.
4. I/WE understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in **Summer Faith Camp**, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to the psyche or property of the minor child, parent or guardian is participating in this event/program or in, upon or about the premises of the Diocese of any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written agreement have been made.

**\*\*\*Model Release Statement: PLEASE READ AND CIRCLE BELOW\*\*\***

**I/WE, hereby (Circle One) GRANT / DECLINE** permission for my child named on this form to be photographed and/or videotaped during Summer Faith Camp Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of St. Isidore Parish.

**I have read this Agreement and understand everything written above.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Registration Fee Chart

***\$80 Each Camper (3rd or more campers \$40 each)***

One Camper - \$80

Two Campers - \$160

Three Campers - \$200

Four Campers - \$240

*(children must be siblings in order to receive the discount)*

*If you wish to pay by Credit Card, please fill out and sign the form below and turn it in with your completed Registration form and Medical Form. You can also pay with a Check or with Cash.*

## **AUTHORIZATION AGREEMENT FOR CREDIT CARD**

*I / we hereby authorize St. Isidore Church to complete a draft to my / our credit card. This authorization is for this transaction only.*

Name as it appears on credit card: \_\_\_\_\_

Card Type: ☐ Visa / Debit OR ☐ MasterCard

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Program Name: Summer Faith Camp

Total Amount to Draft: \$ \_\_\_\_\_

Campers Name(s): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_