



St. Isidore Church-Faith Camp 2018-"Shipwrecked"

DATE: JUNE 18 - JUNE 22

TIME: 8:45 am - 12:00 pm

PLACE: Msgr. Cardelli Gym

REGISTRATION DEADLINE: JUNE 4th



**\$10 OFF EACH
CAMPER IF YOU
REGISTER BY
MARCH 26th**

REGISTRATION FEES

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

Camp Age Requirement: Pre-K - 5th Grade

(Pre-K campers **MUST** be 4 years old **AND** completely Potty-trained in order to register)

Last Name: _____ First: _____ Grade in Fall 2018: _____

Nick Name (Preferred Name): _____ School in Fall: _____

Child Lives with: Both Parents ☐ Mom ☐ Dad ☐ Other ☐

Dad's Name: _____ Cell# _____

Address: _____
Street City Zip

Mom's Name: _____ Cell # _____

Address _____
(if Different from above) Street City Zip

Emergency Contact: _____ Phone # _____

Food Allergies/Medical issues: _____

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)

T-shirt samples are available in the Faith Formation office to help with sizing if needed.

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

Full Name: _____ Relationship to Camper: _____

Phone: _____ Email: _____

<u>Availability</u> (Please ✓ box)	<u>Area of Interest</u> (Please ✓ box)	<u>Adult Volunteer T-Shirt Size</u> (Please ✓ only one box)
<input type="checkbox"/> Set-up (Pre-Camp)	<input type="checkbox"/> Camp Guide	<input type="checkbox"/> Adult Small
<input type="checkbox"/> Clean up (Last Day)	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> All Week (During Camp)	<input type="checkbox"/> Kitchen/Snacks	<input type="checkbox"/> Adult Large
<input type="checkbox"/> Volunteer in Pre-K classroom	<input type="checkbox"/> Music	<input type="checkbox"/> Adult X-Large
	<input type="checkbox"/> Field/Outdoor Games	<input type="checkbox"/> Adult 2-XLarge
	<input type="checkbox"/> Skits/Bible Adventure	
	<input type="checkbox"/> Decorations (Pre-Camp)	
	<input type="checkbox"/> Hospitality (Coffee & Donuts)	

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 AND TURNED IN WITH THIS REGISTRATION FORM FOR EACH CAMPER. PLEASE MAKE SURE TO READ IT CAREFULLY AND CONFIRM (BY CHECKING THE BOX) WHETHER OR NOT PHOTOS OF YOUR CHILD MAY BE TAKEN THROUGHOUT THE WEEK OF CAMP. THANK YOU!



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

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 difficulty with the following (circle all that apply)

ASTHMA FAINING CONVULSIONS DIABETES HEART EYES EARS/HEARING NOSE 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: _____

Signature of Parent or Guardian: _____ Date: _____



Registration Fee

\$80 Each Camper (First two Campers)

3 or more Campers —\$40 each

(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): _____

Billing Address: _____

City: _____ Zip: _____ Phone # _____