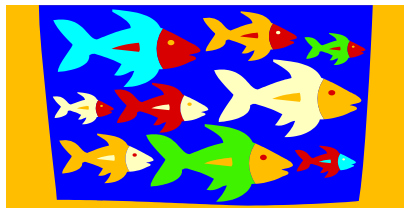


How to
Survive and STrive in
Intermediate School!!!



6th Grade Fish Camp
August 8, 2018
Wednesday Evening
6:00 PM to 9:00 PM

-
- Intermediate School – Will I survive??? Will I make friends??? Will I find all my classes??? Will I sit with anyone at lunch??? Will I get my locker open??? How does God fit into my life in Intermediate School???
 - So many questions--we have answers to help you!
 - “Seasoned” Jr. High “Guides” will help you get ready to face all these challenges.
 - Join Us!!!

FISH (entering 6th grade in the fall)
GUIDES (entering 7th - 9th grade in the fall, and Virtus adults)

Registration: Make check out to St. Bernadette Church

Registration due by July 24th: \$20 St B, \$30 non-St. B (entering 6th grade in the fall)

Costs include: dinner, t-shirt, take home items

No charge for GUIDES (7th-9th grade in the fall and Virtus adults) – Training meeting Thursday, August 2, 7-8 PM)

All completed packets can be turned in as follows:

- 1) The office receptionist (Hours M-Th 9 am-5 pm, Fri 9 am - 4 pm), OR
- 2) Mailed to St. Bernadette Church, Fish Camp
15500 El Camino Real, Houston, TX 77062

To Register:

FISH: (entering 6th grade): FISH Registration form, Fee, Parental Consent & Medical forms

GUIDES: (entering 7th - 9th grades & adults)

- Under 21 years old: GUIDE Registration form, Parental Consent & Medical forms
- 21 years old and older: GUIDE Registration form, Key Leader/Medical form

Blessings to you this summer,

Marianne Bartos - Jr. High Faith Formation Director

St. Bernadette Church 281-486-0337 x113

bartosm@stbchurch.org

Entering 6th graders: Your Registration Packet Checklist:

(each of the following must be turned in to complete your registration.)

<input type="checkbox"/> FISH Registration Form	<input type="checkbox"/> Parent/Guardian Consent Form
<input type="checkbox"/> Registration Fee -(Made out to St. Bernadette Church) <ul style="list-style-type: none">▪ Registration due by July 24th: \$20 St. B, \$30 Non-St. B (entering 6th grade in the fall)	<input type="checkbox"/> Medical Consent Form

Fish (6th grade in fall) **REGISTRATION FORM**

**How to Survive and Strive
in Intermediate School!**

St. Bernadette 6th Grade Fish Camp, August 8, 2018

6:00 PM – 9:00 PM

First & Last Name: _____

Age: _____

Grade in fall of 2018: _____

Parish: _____

School: _____

Electives: _____

Parent/Guardian's First & Last Name: _____

Parent Home #: _____

Parent Cell #: _____

Parent

Email: _____

How to contact parent on the day of the event-- Phone #: _____

Alternate Emergency Contact Person: _____

Relationship: _____

Phone Number: _____

T-Shirt size (all adult sizes) ___XSmall ___Small ___Medium ___Large ___XLarge

Parent/Guardian Signature: _____

**Archdiocese of Galveston-Houston
Office of Adolescent Ministry 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 (fall 2018) _____ Age _____ Sex _____
Parent's Email Address _____

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 JrHigh Fish Camp to be held August 8, 2018 at St. Bernadette Catholic Church, 15500 El Camino Real, Houston, Texas, 77062. And, if a leader (going into 7th-9th grade) to also participate in training on August 2, 2018 at St. Bernadette Catholic Church.

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 _____

Family Doctor _____ Phone _____

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: _____

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)

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

GUIDE (7th-9th grade in fall) & Virtus ADULTS - Registration Form

St. Bernadette Jr High Fish Camp August 8, 2018, 6 pm – 9 pm

Training: Thursday, August 2 – 7:00 pm – 8:00 pm

Much preparation and assistance is needed to make this experience be the best it can be. Your time and talents are always welcomed; Thank you!

GUIDES - 7th-9th grade in the fall:

- GUIDE Registration Form
- Parent/Guardian Consent Form
- Medical Consent Form

Adult GUIDES - 21 Years Old & OVER

- Attended & Approved VIRTUS training
- GUIDE Registration Form
- Key Leader/Medical Form (if 21 or older)

ADULT (21 and older)

First and Last Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

VIDEO/PHOTOGRAPHY CONSENT (Adult) As an adult, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my picture to be used for promotional materials (newsletter, web page, calendars, Power Point, video etc.) highlighting the event.

Signature: _____ Date: _____

- I am VIRTUS approved

“Seasoned” Jr High “Guide” (7th – 9th grade in fall)

First and Last Name: _____

Grade in Fall 2018: _____

Phone #: _____

Parish you attend: _____

School you will attend: _____

Electives: _____

Parent

Email: _____

Sign up for an area (I will do my best to place you there.)

Small group Guide (write your name)

- o Math _____
- o P.E. (Gym) _____
- o English _____
- o Art _____
- o Social Studies _____
- o Science _____

For participants 21 years of age and older

Archdiocese of Galveston-Houston
Key Leader, Chaperone and Young Adult Assistant
Medical Release and Liability Form

21 years and older

I, _____, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Print Name _____ Date: _____

Address _____

City _____ Zip _____

Parish _____

Home Phone (____) _____ Work Phone (____) _____

Physician's Name _____ Phone (____) _____

(The following request is pertinent information if you rendered unconscious)

Date of Birth (including year): _____ Age: _____

Date of last Tetanus shot: _____

Please list **ALL** medical conditions / allergies / special health information including bouts with depression and anxiety:

Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance: Yes No

If Yes, Please provide the following information: Insurance Company: _____

Policy in the name of: _____ Policy Number: _____

Name of Emergency Contact: _____ Phone Number: (____) _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

X
Signature _____

In signing the line above 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 adult chaperones, I understand that there will be consequences for my actions, which could include being asked to leave the event.