

Registration Form for Jr. High Summer Day Camp
Monday, June 12 thru Friday, June 16, 2017
COST: \$150.00 For St. Bernadette Parishioners
(\$175 for non-parishioners)



Name: _____

Address: _____

City: _____ Zip: _____

Home #: _____ Youth Cell: _____ Parent/Adult Cell #: _____

Adult email address: _____

I give my child _____ permission to the events listed. I know that I am responsible for **DROP OFF at (8:00am @ St. Bernadette Parish Life Center - Monday, 6/12/2017 thru 6/16/2017)** and **PICK UP every day at St. Bernadette Gym at 5:30pm.** Events for the day camp are ITZ Pizza, Kemah Boardwalk, Top Golf, and Splashtown!

NOTE: I understand that the payments are NON-REFUNDABLE!

Parent/Guardian Signature

Date

Paperwork & Payment of \$150.00 for St. Bernadette Parishioners (\$175.00 for non-parishioners) to St. Bernadette by Monday, May 15th .

Cut and keep the below information for your records. Turn In The Above Information and the stapled attached Liability/Medical Form!

Jr. High Summer Day Camp Monday, June 12th thru Friday, June 16, 2017 – \$150.00 for St. Bernadette Parishioners, (\$175.00 for non-parishioners)

Parents/Guardians are responsible for **DROP OFF at (8:00am @ St. Bernadette Parish Life Center - Monday, 6/12/2017 thru Friday 6/16/2017)** and **PICK UP every day at St. Bernadette Gym at 5:30pm!** Paperwork & Payment of \$150.00 for St. Bernadette Parishioners, (\$175.00 for non-parishioners) or before Monday, May 15th. *Please make checks payable to St. Bernadette.*

NOTE: I understand that the payments are NON-REFUNDABLE!
Daily Events: ITZ Pizza, Kemah Boardwalk, Top Golf, & Splashtown

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 (Fall 2017) _____ Age _____ Sex _____
Parent(s)/Guardian(s) Email Address _____
T-Shirt Size – all adult sizes -(Please circle one): Small Medium Large XL 2XL 3XL 4XL

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 **Jr. High Day Camp for June 12th, 2017 thru June 16th,
2017 at locations (St. Bernadette Catholic Church, ITZ Pizza, Kemah Boardwalk, Top Golf, and Splashtown).**

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

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND LEAVE NO BLANKS!!!

If an item is not applicable, write "N/A"

BACK →→→→→

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