



**DIOCESAN YOUTH CAMP – MARCH 16-17, 2019 (SATURDAY AND SUNDAY)  
REGISTRATION, MEDICAL INFORMATION & CONSENT FORM**

**Parish/Town:** \_\_\_\_\_

Our parish will attend both Saturday and Sunday:  (includes lodging Saturday night) Sunday Only:

Participant's Name: \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

Please check your size

T-Shirt Size:  Small  Medium  Large  X-Large  1XL

Parent/Guardian Name(s): \_\_\_\_\_

Address/City/ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<u>Type of event:</u>	<b>Catholic Youth Camp</b>
<u>Date of event:</u>	<b>March 16-17, 2019 (Saturday and Sunday)</b>
<u>Location of event:</u>	<b>Camp Ondessonk, 3760 Ondessonk Road, Ozark, Illinois 62972</b>
<u>Individual in charge of group:</u>	<b>Parish Youth Minister or person assigned by the Pastor</b>
<u>Cost:</u>	<b>\$75.00 for Both Days or \$50.00 for Sunday Only</b>

**MEDICAL INFORMATION:**

1. Does the participant take medications regularly?  Yes  No

If yes, describe: \_\_\_\_\_

2. Does the participant have any food allergies or chronic illnesses?  Yes  No

If yes, describe: \_\_\_\_\_

3. Is the participant allergic to any drugs or medications?  Yes  No

If yes, describe: \_\_\_\_\_

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**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. In the event of an emergency, if you are **unable** to reach me at the above numbers, contact:*

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Yes I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

No I do **not** grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child.

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

I/We have read the above Form. I/We fully understand the Agreement and consent to its terms.

**Parent/Guardian:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_



**CAMPAMENTO JUVENIL DIOCESANO –16-17 DE MARZO, 2019 (SABADO Y DOMINGO)  
INSCRIPCION, INFORMACION MEDICA & CONSENTIMIENTO DEL PADRE/TUTOR**

**Parroquia/Cuidad:** \_\_\_\_\_

Nuestra Parroquia Participará Sabado y Domingo:  (incluye alojamiento la noche de Sábado) Solo el Domingo:

Nombre del Participante: \_\_\_\_\_ Fecha de Nacimiento (mm/dd/yy): \_\_\_\_\_

Por favor marca tu talla ✓

T-Shirt Size:  Small  Medium  Large  X-Large  1XL

Nombre de Padre(s) o tutor(es): \_\_\_\_\_

Dirección/Cuidad/ Estado/Código Postal: \_\_\_\_\_

Teléfono de Casa: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_ Celular: \_\_\_\_\_

<u>Evento:</u>	<b>Campamento Juvenil Católico</b>
<u>Fecha:</u>	<b>16-17 de Marzo del 2019 (Sabado y Domingo)</b>
<u>Lugar:</u>	<b>Camp Ondessonk, 3760 Ondessonk Road, Ozark, Illinois 62972</b>
<u>Encargado del evento:</u>	<b>Minstro de Jovenes o persona asignada por el sacerdote</b>
<u>Costo:</u>	<b>\$75.00 por los dos dias o \$50.00 si se participa solo el Domingo</b>

**INFORMACION MEDICA:**

1. ¿Toma el participante medicina regularmente?  Si  No

Describe: \_\_\_\_\_

2. ¿Tiene el participante alergia a los alimentos o enfermedades crónicas?  Si  No

Describe: \_\_\_\_\_

3. ¿Es el participante alérgico a algun tipo de medicamento?  Si  No

Describe: \_\_\_\_\_

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**Tratamiento Médico en Caso de Emergencia:** *En caso de emergencia, doy permiso para transportar a mi hijo/a a un hospital para el tratamiento médico o quirúrgico necesario. Deseo que se me avise antes de cualquier otro procedimiento. En caso que no puedan contactarme, por favor contacten a:*

Nombre: \_\_\_\_\_ Relacion: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Médico Familiar: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Nobre del proveedor de Seguro Médico: \_\_\_\_\_ # de Poliza: \_\_\_\_\_

**Firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

Si Doy aquí permiso para que mi hijo/a consuma medicamento sin prescripción médica (aspirina, pastillas para el dolor de garganta, etc.) cuando se considere necesario.

No **No** doy permiso para que mi hijo/a consuma medicamento sin prescripción médica.

**Firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

Yo/Nosotros hemos leído el contenido de esta forma. He/Hemos comprendido y doy/damos consentimiento

**Nombre del Padre/Tutor:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_



# Diocesan Youth Camp Camp Ondessonk Waiver of Claim



Parish Name: \_\_\_\_\_

Date(s) of Visit to Camp: 3/16/2019 – 3/17/2019

I hereby release to Camp Ondessonk and/or the American Camp Association the rights of my or my child's photograph, image, likeness and/or voice as recorded on video tape or film for the purpose of promotion, videos, yearbooks, website or publications. I hereby release any and all claims against Camp Ondessonk, Catholic Diocese of Belleville, its representatives, or officers arising in connection with the usage of my or my child's photo, likeness and/or voice. I acknowledge that this release is formal and final and understand that Camp Ondessonk, Catholic Diocese of Belleville, may proceed in reliance thereon. The undersigned in this release desires to assist in the work of Camp Ondessonk, Catholic Diocese of Belleville, by making their or their child's image likeness or voice available.

In order for children to participate in horseback riding programs at Camp Ondessonk, a parent or guardian is required to complete and sign this release. Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risk of engaging in and the legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities. For value received, the receipt of which is hereby acknowledged, I, on behalf of myself or my minor child/ward,

(Print participant's name) \_\_\_\_\_ hereby release, indemnify and hold harmless, Camp Ondessonk, Diocese of Belleville, Department of Outdoor Ministry, and Road Scholar, their employees, clergy, volunteers, officers, board members and/or agents from and against any and all claims, losses, suits, damages, or costs (including attorney fees) arising out of, resulting from or relating to my or my minor child/ward's participation in equine activities, including but not limited to horseback riding in or around the premises operated by Camp Ondessonk. I acknowledge and understand that participation in equine activities involve inherent risks, including but not limited to (1) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (2) the inability to predict an equine's reaction to sound, movement, objects, persons, or animals; and (3) the hazards of surface or subsurface conditions. Notwithstanding this knowledge and awareness, I assume all risks of my or my minor child/ward's participation in equine activities and legal responsibility for injury, loss, or damage to person or property resulting from the risk of such activities.

I, as a participant or as a parent/guardian of a participant, understand I or my child will be participating in activities that involve periods of physical exertion, balancing, heights (up to 80 feet), lifting, pushing, pulling and climbing. I know most activities will be outdoors where I and/or my child will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possible exposure to extreme or inclement weather. I acknowledge that my child must be at least 10 years of age to participate in the challenge course program. I fully understand that this physical activity involves risk of injury. I understand the risks may include loss or damage to personal property. I understand that I and/or my child will not be forced to do any activity and that despite all reasonable precaution taken, a guarantee of absolute safety is impossible. I and/or my child agree to exercise good personal judgment and to ask for help if I and/or my child are concerned about personal safety and to be responsible for deciding if a proposed activity is appropriate for myself/him/her. I and/or my child agree to inform the instructors of any physical, mental or medical condition that might affect my/his/her ability to participate or affect other members of my group. I and/or my child also realize that failure to tell that information could result in serious harm to myself/him/her or others. I also state that I and/or my child are not under and will not be under the influence of any chemical substance including alcohol. I and/or my child agree to comply with safety instructions given and to be responsible for my/his/her own personal safety and well-being. I agree to hold Camp Ondessonk, Road Scholar, and their Directors, Officers, Employees, Agents and/or Associates harmless for any accidents, injury, loss of or damage to property that may occur on this problem. I understand that all possible precautions are taken to insure that all programs and activities sponsored by Camp Ondessonk are conducted by mature and qualified personnel in a safe and responsible manner. I understand that Camp Ondessonk in the challenge course program will provide a minimum staff/participant ratio of 1:14. I voluntarily assume the risks of the activities and I and/or my child agrees to report any injuries before leaving the premises. In the event of an emergency, I understand every attempt will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I give permission to Camp Ondessonk to secure proper medical treatment. I understand that any medical expense not covered by Camp Ondessonk medical insurance will be billed directly to me or to my insurance company. I have read and understand all materials outlining the Challenge Course, including this waiver and agree to abide by these terms. I understand that if my child is riding the bus, in the event of an accident, Camp will telephone the parent; however, in the event I cannot be reached by phone, I hereby give permission for medical attention by a physician for my child. I am aware this is a waiver and a release of liability and I sign it voluntarily.

I further acknowledge that (1) I am the parent/guardian of the minor child/ward identified above OR I am the participant identified above; (2) I have read this release in its entirety; (3) I fully understand and accept its terms; (4) I have executed this release voluntarily; (5) I understand that 50% of payment is due two weeks prior to the date of arrival, and the balance is due upon arrival. Should the camp need to litigate in cases involving any unpaid fees I will be responsible for the camp's legal expenses including any NSF fees.

I hereby approve this application for myself or my child to attend Camp Ondessonk and, in consideration of the benefits to be derived, expressly waive any and all claims against the Catholic Diocese of Belleville, Camp Ondessonk, the Department of Outdoor Ministry, and Road Scholar or its representatives on account of accident or sickness that may be incurred to the above mentioned person or his or her property in connection with an incident during this camp's activities.

Printed Name of Participant or Parent/Guardian \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please bring with you to:

Camp Ondessonk  
3760 Ondessonk Road, Ozark, IL 62972

## **Camp Ondessonk Camper Behavior Agreement** **Must be reviewed by camper and an adult**

All campers are expected to uphold this behavior agreement. At Camp Ondessonk we agree to:

- 1) Take Care of Ourselves by staying safe, listening and following directions from staff and chaperones, applying sunscreen and bug spray every day, and reporting anything that doesn't feel right to staff.
- 2) Take Care of Others by showing kindness and respect for fellow campers and staff through words and actions.
- 3) Take Care of Camp by not disturbing the animals and plants that live here, keeping camp clean from litter and graffiti, and caring for camp's buildings and equipment like it is our own.

*I understand and accept Camp Ondessonk's behavior expectations. I agree to follow all Camp rules, including those not listed here that may be set forth by Camp Ondessonk staff. If I exhibit behavior that is not acceptable at camp, I understand and accept that I may be sent home from camp without a refund.*

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Acuerdo de Comportamiento de Campista Campamento Ondessonk** **Debe ser revisado por un campista y un adulto.**

Se espera que todos los campistas respeten este acuerdo de comportamiento. En el campamento Ondessonk estamos de acuerdo con:

- 1) Cuidar de Nosotros Mismos, manteniéndonos seguros, escuchando y siguiendo las instrucciones del personal y los acompañantes, aplicándonos protector solar y repelente de insectos todos los días, e informando de cualquier cosa que no me parezca bien.
- 2) Cuidar de Los Demás, mostrando amabilidad y respeto hacia los compañeros de campamento y el personal a través de palabras y acciones.
- 3) Cuidar el Campamento no molestando a los animales y las plantas que viven aquí, manteniéndolos limpios de basura y grafitis, y cuidando los edificios y el equipo del campamento como si fuera el nuestro.

*Entiendo y acepto las expectativas de comportamiento del Campamento Ondessonk. Estoy de acuerdo en seguir todas las reglas del Campamento, incluidas aquellas que no figuran en esta lista que pueden ser establecidas por el personal del Campamento Ondessonk. Si muestro un comportamiento que no es aceptable en el campamento, comprendo y acepto que me pueden enviar a casa sin un reembolso.*

Firma del Campista: \_\_\_\_\_ Fecha: \_\_\_\_\_