

ENCOUNTER



Office Use Only	
Date	_____
Check	_____
Amount	_____



Diocese of Baker

Summer Camp Connolly

2019

Registration Fee: \$175

**Registration Includes:
water bottle & T-shirt**

T-Shirt Size:

XS__ S__ M__

L__ XL__

High School Camp

Grades 9 –12
June 19 - 22, 2019
Deadline: June 5

Upper El Camp

Grades 4 - 6
July 10- 13, 2019
Deadline: June 26

Mdl School Camp

Grades 6 - 8
July 17 - 20, 2019
Deadline: July 3

PLEASE PRINT CLEARLY

Name: _____ M / F (Circle one) Grade (this fall) _____ DOB ____/____/____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Parish: _____ City: _____

Parent Email: _____

Parent/Guardian: _____ Phone: _____

CODE OF CONDUCT

1. Youth are not permitted to use or have in their possession, alcohol, tobacco or illegal drugs.
2. Any form of romantic involvement is prohibited.
3. No Profanity or fighting.
4. Stealing, lying, cheating and dishonest conduct are prohibited.
5. Youth will dress modestly and appropriately at all times.
6. Youth are required to attend the entire event.
7. Youth are not permitted to leave an event and return to said event.
8. Youth will follow all rules and regulations of the event.

If you fail to comply with the Code of Conduct, you will be sent home immediately. Your parents will be called to come and get you at their expense.

I have read the above guidelines and agree to act in accordance with them:

Youth: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Please turn your **Registration** form and **\$175 Fee** to your parish Youth Minister/DRE. Make checks payable to your parish. Parishes will mail to the Diocese all Registration forms and monies.

Youth Minister/DRE/Pastors PLEASE mail ALL Registration Form & Fee to the Diocese of Baker

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
AND RELEASE OF ALL CLAIMS**

For Youth attending _____ (name of event). To be completed by parent/guardian of minor.

Name _____ Birthdate ____/____/____ Sex ____ Age ____
Last First Initial

Father/Guardian _____ Home Phone _____

Mother/Guardian _____ Home Phone _____

Father Cell Phone _____ Mother Cell Phone _____

Home Address _____
City State Zip Code

NON-EMERGENCY ILLNESS/INJURY: Illness or injuries which occur while attending camps at the Diocese of Baker Retreat Center will be addressed according to the Physician's Treatment Procedures. Please contact the Chancery Office to request a copy. There will not be a designated physician available on site or by phone for camps. Camp medical personnel (RN or EMT) will notify parents and call 911 for medical conditions beyond the scope of the protocol and arrange transport as indicated.

Food Allergies/Needs _____ Drug Allergies _____

Disability/Chronic Illness _____

Are there any activities your child should be excluded from for any reason? _____

Is child taking medication prescribed by a physician now? Yes ____ No ____ Please list all medications prescribed, the size of dose, and when it is to be taken. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. **All Medication must be given to the Nurse and will be dispensed according to directions and by the Nurse.**

Med #1 _____ Dosage _____ Specific time taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific time taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific time taken each day _____

Reason for taking _____

EMERGENCY TREATMENT: I, as parent or guardian of participant, give my consent for the administration of any emergency treatment deemed necessary by a registered nurse, EMT, licensed physician or dentist; and the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Family Physician _____ Phone _____

Dentist _____ Phone _____

Do you carry medical/hospital insurance? No ____ Yes ____ If yes, Please indicate:

Company _____ Policy/Group# _____

Photography Release

I, _____ (parent or legal guardian) DO DO NOT (check one) give my permission for above named youth's image to appear on the Diocese of Baker website, social media, or in future promotional publications for the Diocese.

RELEASE OF ALL CLAIMS

As Parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Baker and its officers, directors, employees, agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate officers, directors and agents of the Diocese of Baker its employees, agents, chaperons or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

Parent/Guardian's Signature _____ Date _____