

# Saint Peter's Youth Ministry

## Impact Camp

- What:** Day camp that focuses on Catholic Social Teaching
- Who:** Rising 9<sup>th</sup> graders committed to going into youth group
- When:** July 15-19, 2019
- Cost:** \$300 (checks made payable to St. Peter's). If you would like to pay by credit card (additional \$6 fee), email [angela.busby@stpetersolney.org](mailto:angela.busby@stpetersolney.org) for an appointment. No discount for partial weeks.
- Policy:** **Deposit of \$150 due at registration.**  
**Final payment due: July 1, 2019**  
**Cancellation Policy: Cancel up to July 1, 50% refund; No refunds after July 1.**

**Registration deadline:** July 1 or until filled. First come, first served.

### Forms Required:

- Camp Registration Form
- Permission Slip

### Daily Schedule:

Mon-Fri: 9:00 am – 4:00 pm (Drop off and Pick up at the Youth Center)  
The days will include a combination of faith activities, service and field trips.

Service hours will be earned. The **camper** is responsible for providing all necessary forms.

### Parent Help Needed:

- Parents to chaperone afternoon activities (Virtus approved)
- Parents to shop or donate items

# IMPACT Camp 2019: Registration Form

**Student information** (please print clearly)

Participant's Name: \_\_\_\_\_

Grade in Fall '19 \_\_\_\_\_

Home Phone: \_\_\_\_\_

T-shirt Size: (Adult) \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL  
   \_\_\_XXL

Student's Cell Phone: \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

School \_\_\_\_\_

**Rules and Expectations:**

- Cell phones are not to be used during camp
- Full participation and positive attitude are expected at all times.
- Appropriate dress at all times – certain sites will request specific attire
- Remain respectful to adults, high school counselors and peers.
- Positive words only
- Students must bring their own lunch unless otherwise specified.
- No weapons, e-cigarettes, tobacco products, or alcohol are allowed

**I understand and agreed to the rules and expectations of IMPACT Camp:**

\_\_\_\_\_

**Student Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Date**

**Parent Help:**

\_\_\_\_\_ I can shop for supplies and food

\_\_\_\_\_ I can make phone calls/set up activities

\_\_\_\_\_ I would like to chaperone in the afternoon on \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri

\_\_\_\_\_ I am Virtus approved.

**Office use only:**    \_\_\_\_\_ received    \_\_\_\_\_ deposit    \_\_\_\_\_ final payment

**SAINT PETER'S YOUTH MINISTRY**  
**PERMISSION SLIP**

A brief description of the activity follows:

Event	IMPACT Camp
Location	Saint Peter's Parish/Field Trips
Date	July 15-19, 2019
Transportation	School Bus
Cost	\$300

Participant's name: \_\_\_\_\_

Participant's Cell phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Home address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home phone : \_\_\_\_\_ Cell: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child,  
Parent's name  
\_\_\_\_\_ to participate in this parish  
Child's name

event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Saint Peter's Catholic Church.

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 Saint Peter's Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and 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 the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representative 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 parish/diocese. Further, I agree that my child's picture may be used to promote youth ministry events through flyers, brochures and on our website.

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

**\*\*\* SEE OTHER SIDE FOR MEDICAL INFORMATION \*\*\***

**MEDICAL MATTERS:** I hereby warrant that 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 that are applicable.)

**1. *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: \_\_\_\_\_

**2. *Other Medical Treatment:*** In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called..

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

**3a. *Medications:*** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

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

**3b.** I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, Benadryl, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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

**3c.** No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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

**4. *Specific Medical Information:*** The parish will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

\_\_\_\_\_  
You should be aware of these special medical conditions of my child: \_\_\_\_\_

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