

Family Vocations Camp For Youth
Wednesday, July 17, 2019 (9 am – 9 pm)
CYO Girls Campground, 1564 Lakeshore Rd, Port Sanilac, MI
Sponsored by the Sisters of Our Mother of Divine Grace

Section: A: Registration/ Release Form (please read the fine print!)

In order to insure safety and a relaxed environment for learning and worship during our Vocations Day camp, we ask the parents to read the following. If you have no disagreements with these requests, please sign.

As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by your son/daughter named below.

*** I hereby consent to participation by my child(ren), _____

at camp. I understand that my son/daughter will be under the supervision of the Sisters and adult volunteers on July 17th, Wednesday, 9am – 9 pm.

*** I also hereby consent for my child(ren), _____

to participate in swimming at the CYO Campground. I understand that there may be some degree of risk involved and that there will be a **professional life guard on duty** during the time my child is swimming. **All participants must wear a t-shirt in the water.**

*** I understand if I choose to stay overnight at the CYO campground, (either the night before or the night of the event) that (1) I will make arrangements with the Camps Connect office directly, (810 622-8744) (2) I am completely responsible for my child(ren)'s supervision before 9:00 am or after 9:00 pm on July 17th, (3) that the overnight stay is not part of the Family Vocations Camp, but my own responsibility, if I choose to stay.

In consideration of my child being allowed to participate in this experience, I hereby agree on behalf of myself and my child, to release the Roman Catholic Diocese of Saginaw, Ave Maria Parish, the Sisters of Our Mother of Divine Grace and any and all affiliated organizations, their employees, agents and representatives, from any and all claims, including negligence, which may be asserted by me or my child, or on behalf on my child, arising from or relating to my child's participation in this experience.

In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this experience. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Parent's Signature: _____

Please fill out the following information for Registration:

Name(s): All participants, adults as well:

Adults: _____

Children: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Street Address: _____

Parish: _____

City/State/ZIP: _____

Phone number: _____

Email: _____

Parents' (or responsible adult) signature:

Payment of \$10 per person (no fee for 6 years and under) enclosed: yes ____ no ____

(This fee will help defray the cost of the two meals provided by Camps Connect. TY.)

SECTION B: Medical Treatment Release Form

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. This authority is granted only after a reasonable effort has been made to reach me.

Reason for which release is intended: **Family Vocations' Day at Camp**

Name of Minor: _____

Relationship to you: ___ Son ___ Daughter Date of Birth: _____

Address of Minor: _____

Phone: _____ Emergency Phone: _____

Family Physician: _____ Phone: _____

Address/City/Zip: _____

Are there any physical restrictions/limitations or medical conditions (e.g. asthma, allergies, epilepsy) of which we should be aware? ___ Yes ___ No

If yes, please describe: _____

Health Insurance Data

Company: _____

Policy: _____ Group: _____ Contract: _____

Parent/Guardian Signature: _____ Date: _____

Medication Authorization – Medication must be provided in original containers from pharmacy. I hereby request and authorize camp supervisors to administer my child’s prescribed medication as directed by our doctor. (Attach additional sheets if needed.)

Medication(s): _____

Instructions/Dosages: _____

Parent/Guardian Signature: _____ Date: _____

Administration of medication to participant liability. As school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil (participant) in the presence of another adult pursuant to written permission of the pupil’s parent or guardian and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages as a result of the administration except for an act of omission amounting to gross negligence or willful and wanton misconduct. Michigan Compiled Laws, 1982 {380.1178

SECTION C: Participant Behavioral Agreement (For participants)

For the duration of our stay at CYO campgrounds to be as successful as possible, each person’s full participation and exemplary behavior is essential. Therefore, we ask that you commit yourself, to the following behavioral agreement.

This agreement is to be signed by both you and your parent/legal guardian, dated, and sent along with your completed registration form by July 9th, 2019

AGREEMENT TERMS:

1. Participant is to remain with the group or cabin group at all times. No wandering in the woods.
2. Participant may not use or possess any drugs, tobacco products or alcohol for the duration.
3. All public and private property is to be treated with respect. There is to be no vandalism of any type.
4. Treat everyone encountered with respect. No swearing will be tolerated and no put-downs will be acceptable.
5. Parents are completely responsible for their families if they choose the optional overnight stay at the Camp, either the night before, or the night of.

By signing below, I, acknowledge that I will abide by the above. I will also agree to do my best in creating a Christian environment.

◆ ◆ ◆ Breaking any of the above terms may lead to being sent home. ◆ ◆

Participant(s) Name (Printed):

Participant(s) Signature:

Parent/Guardian Signature:

Parish: _____

SECTION D: Media Release (must be completed for those under the age of 18)

I, _____, hereby give permission for the personnel of the Catholic Diocese of Saginaw to photograph, videotape and/or voice-tape my child/children (or allow area news reporters to do the same for the purposes of (please check the items you will allow):

____ Sisters of Our Mother of Divine Grace website

____ Public information for promotion of Diocesan, School, or Parish programs (brochures, newspapers, radio, or television)

____ Catholic Diocese of Saginaw website

Student Name (s): _____

Parent/Guardian Signature: _____ Date: _____

What you should bring:

- Appropriate clothing for Mass
- Swim Suit **AND** t-shirt/cover-up for modesty during swimming ** All participants
- Beach towel for swimming
- Walking shoes or tennis shoes, or flip flops
- Sunglasses (if you desire)
- Sunscreen, aloe, bug spray, if you need
- Water bottles

Please do NOT bring:

- Any type of revealing clothing: including midriff shirts, halter tops, spaghetti straps, string bikinis, shirts with the sides torn out, or short shorts
- Clothing with offensive logos or sayings

NB: *** The Day will begin at 9:00 am with Registration.
Mass will follow shortly afterward, so please come dressed for Mass.
You will have an opportunity to change later.
Snacks, lunch and dinner will be provided.

*** If you are trained to be a server or lector and would like to participate during Mass, please sign.

Name

Lector: _____
Server: _____