



MIDDLE SCHOOL SUMMER CAMP

JUNE 11TH-14TH 2024 @ LUTHERDALE BIBLE CAMP

PARENT PERMISSION FORM FOR EVENT PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in an incredible youth ministry activity requiring an overnight stay at Lutherdale Bible Camp in Elkhorn, Wisconsin. We are so excited to offer this wonderful event! Spots are first come, first serve so don't wait to register!

- What:** **Middle School Summer Camp** (An overnight, Christ-centered Summer Camp put on by parishes in the Rockford Diocese)
- Why:** *Summer Camp is an awesome opportunity for our young people to get away from the distractions of everyday life to have fun, encounter the Lord, and strengthen friendships.*
- Who:** *All current 6th-8th grade students are invited to attend as campers this Summer! If your 9th-12th grader is interested in leading as a Counselor, please have them fill out the Counselor Application form.*
- Where:** **Lutherdale Bible Camp** (N7891 US-12, Elkhorn, WI 53121)
- When:** **Tuesday, June 11th 2024 @ 8AM – Friday, June 14th 2024 @ 2:30PM**
- Transportation:** *Transportation will be provided for students to and from St. Patrick Parish to Lutherdale Bible Camp in Elkhorn, WI.*
- Cost:** **REGISTRATION - \$375** covers meals, supplies, bus transportation to and from the camp, rooms, activities at camp, and Tshirts. Monthly payment plans are an option for all students to help lessen the burden of the cost. Financial Aid is available as well. **(NOTE: students are not considered registered, and therefore their spot is not reserved, until payment has been completed or our office has been contacted about needing financial aid).**

2024 SUMMER CAMP
ST. PETER PARISH YOUTH MINISTRY
YOUTH PARTICIPANT PERMISSION FORM

One form must be completed for each student attending. This completed and signed form and payment should be returned to the parish office no later than April 1st (though spots are first come first serve). Checks are to be made payable to the "St. Peter Parish." (NOTE: students are not considered registered, and therefore their spot is not reserved, until payment has been completed or our office has been contacted about needing financial aid).

YOUTH INFORMATION

Name: _____
(First) (Middle Initial) (Last)

Male/Female: _____ Date of Birth: _____ Grade (2023/2024): _____

T-Shirt Size (adult): Small/Medium/Large

PARENT/GUARDIAN INFORMATION

Name: _____ Relation to child (circle one): Parent / Guardian

Address: _____ City: _____ State: ____ Zip: _____

Telephone: Home: (____) _____ Daytime: (____) _____

Cell: (____) _____ Email: _____

CONSENT - I grant permission for my child, _____, to attend and participate in Summer Camp herein referred to as ("Activity") to be held at the locations at the dates listed below.

Tuesday June 11th - Friday June 14th 2024// Lutherdale Bible Camp

TRANSPORTATION - I hereby give my consent for designated driver(s) (approved by St. Patrick Parish, St Peter Geneva, St. Thomas Elgin, or Holy Cross Batavia) to transport my student to/from the Activity.

DRESS CODE - In keeping with the nature of Youth Ministry events, all participants are to dress in a modest fashion. This includes the following: All shorts and skirts must be fingertip length. No leggings or Yoga pants allowed. No sleeveless, cut off or midriff tops are allowed. All tops must have sleeves, no strap tops allowed. Shirts and Blouses must be worn in an appropriate manner. Undergarments must not be visible at any time. No offensive or inappropriate language on clothing, no language or symbols of any kind on rear of shorts, pants, etc. Bathing suits: Girls must have a Modest 1 Piece and Boys should follow shorts guidelines.

FIRST AID / EMERGENCY TREATMENT - I authorize the School, Parish, and Diocese and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Parish, School, and Diocese to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.

STUDENT COOPERATION - My child agrees to abide by all the rules of aforementioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.

CODE OF CONDUCT - *Camp Attendees agree to the following:* Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior. Refrain from inappropriate touching and verbal harassment. Respect other persons and/or property. Refrain from actions that could result in injury and/or damage to property. Adhere to stated curfew. Be aware of noise levels in sleeping areas, especially later in the evening. Maintain the spirit of the camp. Report problems of any kind to a trusted adult member of the retreat team. *Camp Attendees agree to not: (Diocese & Sponsors have "zero tolerance")* Possess weapons or fireworks of any kind. Purchase, possess, consume, or distribute alcohol. Purchase, possess, consume, or distribute illegal drugs or tobacco products. Engage in any form of sexual activity or peer sexual harassment. Use profanity, degrading language of any kind. Visit or gather in sleeping areas of the opposite gender

Parent/Guardian: I agree to instruct my child to abide by all rules and regulations as outlined in the Participant Code of Conduct (the "Code"). I understand that it is my duty to review the "Code" (above) and to have reviewed it and explained it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the camp and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from the Camp, et al., Sponsor et al., Diocese et al.

Initials of Parent/Guardian: _____

Youth: As a participant in the camp, I understand and agree to conform to the Code. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the retreat and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, tobacco or weapons is cause for automatic dismissal from the Camp.

Initials of Youth: _____

PERMISSION TO USE IMAGE & LIKENESS - I acknowledge that I am aware that representatives of the Parish and/or the Diocese of Rockford intend to document this Activity through [but not limited to] video, audio, photo and printed word, including its travels and activities, and may use images and quotes from the Activity in promotional materials. I hereby grant the Parish and/or the Diocese of Rockford permission to use my own and/or my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the Parish and/or the Diocese of Rockford and will not be returned. I hereby irrevocably authorize the Parish and/or the Diocese of Rockford to edit, alter, copy, exhibit, publish or distribute my child's image or likeness for purposes of publicizing or promoting the Parish and/or the Diocese of Rockford programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge the Parish and/or the Diocese of Rockford from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child's behalf, or on behalf of my estate have or may have by reason of this authorization.

RELEASE - I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees. If I have provided medication for my child to take during this Activity, I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer as a result of the administration of or lack of administration of or assistance in or lack of assistance in the administration of said medication to my child, whether by my child and/or an adult employee and/or an adult volunteer; unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees.

Parent/Guardian Signature: _____

Date: _____

Please Print Name: _____

Parent Email: _____

Parent Phone: _____



Lutherdale
Eagle's Nest Adventure Center



MEDICAL DISCLOSURE/HEALTH FORM (Please print)

This form is required to be filled out completely and returned to prior to participation.

Name: _____ Age _____ Phone (____) _____

Address _____

City _____ State _____ ZIP _____

In case of emergency please notify:

Name _____ Relationship _____ Phone (____) _____

Physician Name & Phone _____ Medical Policy Name & Number _____

Do you wear glasses or contacts? _____ Yes ___ No

Are you currently under a physicians care? _____ Yes ___ No

If Yes please explain _____

Do you have any allergies? _____ Yes ___ No

If Yes please explain _____

Are you currently taking medication? _____ Yes ___ No

If Yes please explain _____

Do you require special assistance of any type? _____ Yes ___ No

If Yes please _____

Have you had a recent injury, illness, or operation? _____ Yes ___ No

If Yes please explain _____

Do you have seizures, or frequent fainting/dizziness? _____ Yes ___ No

If Yes please explain _____

Do you have any neck, back, or shoulder injuries? _____ Yes ___ No

If Yes please explain _____

Do you have a history of heart problems or high blood pressure? _____ Yes ___ No

If Yes please explain _____

Media Release _____ Yes ___ No

I hereby give Lutherdale Bible Camp, Inc. rights to use my image/audio in promotional pieces produced for Lutherdale. I realize these promotional pieces may be presented at promotional events, churches, camp functions, on Lutherdale's website and social media accounts.

X _____
Participant's Signature (required)

Date

X _____
Parent's Signature (if under 18 years of age)

Read and Sign

ASSUMPTION OF RISK/REGISTRATION FORM

I am aware in signing this document for participation in the challenge course and team building experience that certain elements of the program can be physically and emotionally damaging. I understand that although the professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e.: cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.) due to the emotional and physical demands involved. Challenge course and Bubble Soccer participation involves activities that require twisting, turning, supporting body weight, unexpected physical contact, possible falling from various heights, or equipment usage. Furthermore, I am aware that certain risks and dangers exist in these activities that are beyond the control of Lutherdale Bible Camp Inc., Eagle's Nest Adventure Center. I understand that the Lutherdale Bible Camp Inc., Eagle's Nest Adventure Center has the right to deny participation and that it is my responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff/instructors. If I do not understand specific instructions from the staff/instructor at any time, I realize it is my responsibility to ask for clarity and/or assistance. If a participant has any preexisting conditions such as heart problems, high blood pressure, chronic back pain, shoulder problem, or pregnancy it is their responsibility to inform the Lutherdale staff, and Lutherdale recommends that all individuals with such conditions acquire physicians approval prior to participation. If you choose to participate without physicians approval, Lutherdale cannot guarantee your physical safety.

In signing this document, I authorize the leader of the activities to secure such medical advice and services as deemed necessary for my health and safety and I agree to accept financial responsibility:

- Where my health and well-being is involved
- Where medical advice has been such that further services are required
- Where all reasonable attempts to contact family have failed or where the nature of the emergency does not allow time to make contacts
- Where the benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred

I understand and assume all dangers and risks associated with the activities and waive all claims against the Lutherdale Bible Camp Inc., Eagle's Nest Adventure Center staff and assigns, it's officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns, for any incidents that should occur due to my voluntary participation in this experience. Furthermore, I give my consent to instructors or other medical personnel to treat me in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

X _____
Participant's Signature

X _____
Parent's Signature (if under 18 years of age)

Summer Camp - Medical Form 2024

Child Details

Emergency Contact Details

Child's Name: _____

Name: _____

Birthdate: _____

Relationship: _____

Parish: _____

Phone: _____

To be completed by Parent/Guardian...

To be completed by Nurse/Adult Volunteer...

Medication:	
Dose:	
Schedule:	
Notes:	

Date	06-11-24	06-12-24	06-13-24	06-14-24
Breakfast				
Lunch				
Dinner				
Bedtime				

Medication:	
Dose:	
Schedule:	
Notes:	

Date	06-11-24	06-12-24	06-13-24	06-14-24
Breakfast				
Lunch				
Dinner				
Bedtime				

Medication:	
Dose:	
Schedule:	
Notes:	

Date	06-11-24	06-12-24	06-13-24	06-14-24
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Lunch				
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Medication:	
Dose:	
Schedule:	
Notes:	

Date	06-11-24	06-12-24	06-13-24	06-14-24
Breakfast				
Lunch				
Dinner				
Bedtime				

Nurse's Signature:

Allergies & Health Conditions...

How does your family treat common ailments (i.e. stomach ache, headache, etc)?

Insurance Company Name:

Policy in the name of:

Group #:

Parents, regarding non-prescription medication, please check ONE:

- I give permission to the Summer Camp Parishes to administer non-prescription medications to my child.
- I want to be informed by phone call before any non-prescription medication is given to my child.
- I do NOT give permission for any non-prescription medications to be given to my child.

I hereby give my child permission to carry an...

- EpiPen
- Inhaler

Please indicate any special instructions or information we may need in an emergency:

Administration of Medication Release:

If my child needs to take prescription or non-prescription medication during this Activity, I have provided the medication in its original container. I give permission to an adult employee or adult volunteer to administer the medication or assist in the administration of the medication to my child in the dosage prescribed by the prescription or, for non-prescription medication, the dosage recommended on the container by the manufacturer. If there are explicit instructions for this medication, I have stated them on this form.

Parent Signature:

Date:

Nurse's Notes (for Nurse's use only):