

**FEARLESS.**  
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SUMMER CAMP 2021

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 8th 2021 @ 8AM – Friday, June 11th 2021 @ 2:30PM**

**Transportation:** *Transportation will be provided for students to and from St. Peter Parish to Lutherdale Bible Camp in Elkhorn, WI.*

**Cost:** **EARLY BIRD REGISTRATION \$325 (ends February 1st, 2021)**  
**REGULAR REGISTRATION \$375 (after February 1st, 2021)**  
*covers, meals, supplies, bus transportation to and from the camp, rooms, activities at camp, and Tshirts. (NOTE: monthly/bi-monthly payment plans are an option for all students to help lessen the burden of the cost.) If camp is cancelled or you choose to pull out of camp by April 15th then you will receive a full refund.*



**2021 SUMMER CAMP**  
**ST. PETER PARISH YOUTH MINISTRY**  
**YOUTH PARTICIPANT PERMISSION FORM**

*One form must be completed for each person attending. This completed and signed form and payment should be returned to the parish office no later than April 15<sup>th</sup> (though spots are first come first serve). Checks are to be made payable to the "St. Peter Parish."*

**YOUTH INFORMATION**

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (2020/2021): \_\_\_\_\_

Current Email: \_\_\_\_\_ T-Shirt Size (adult) Small/Medium/Large

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relation to child: 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 8th - Friday June 11th 2021// 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 will have sleeves and be crew neck. 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: \_\_\_\_\_

# 2021 Summer Camp Medical Form: Required for Everyone Attending Camp (2 sides)

**This form must be filled out and signed by a parent for EVERY camper and counselor. All medications, whether over-the-counter or prescription, must be turned in to your Youth Minister in a gallon-sized bag (one bag per child) clearly marked with your child's name.**

Camper's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: **Yes / No** If yes, please list. (Medicine, Food, Seasonal or Other) \_\_\_\_\_

First number to call in an Emergency \_\_\_\_\_ Name \_\_\_\_\_

Second Emergency contact number \_\_\_\_\_ Name \_\_\_\_\_

I give camp staff permission to administer the following **over the counter** medications:

Tylenol-Acetaminophen       Advil-Ibuprofen       Other (Please list and send with camper)

Acetaminophen and Ibuprofen are available at camp.

My child has permission to carry     Epi-pen     Inhaler

Please check and sign \_\_\_\_\_ Date \_\_\_\_\_

### Daily Prescription Medications (Please attach notes if necessary)

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Date																
Medication																
	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.
AM																
Noon																
PM																
Bedtime																

Date																
Medication																
	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.
AM																
Noon																
PM																
Bedtime																

Prescription medication must be sent in their original containers. We cannot allow your child to attend camp if you do not provide us with the information requested and follow camp procedures regarding medications. These procedures are in place to protect your child and protect our volunteer nurse. Use additional page if needed to list medication, instructions, etc.

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

Camp Nurse on Duty: \_\_\_\_\_

## 2021 Summer Camp Medical Form (side 2)

How does your family treat common ailments?

Stomach ache: \_\_\_\_\_ Headache: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

My teen's last tetanus shot was (Date) \_\_\_\_\_

<b>Insurance Information</b>
Policy in the name of: _____
Insurance Company Name: _____ Group # _____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly.**

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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)





# Lutherdale Bible Camp Inc.

## COVID-19 WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

ADULT PARTICIPANT NAME \_\_\_\_\_ (Please Print)

CHILD PARTICIPANT NAME \_\_\_\_\_ (Please Print)

IN CONSIDERATION of being permitted to utilize the facilities, services, and/or programs of the Lutherdale Bible Camp Inc. and/or for my children listed above to so participate for any purpose, including, but not limited to, use of the Lutherdale facilities or equipment,

The undersigned, on behalf of himself or herself and such participating minor and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases in Wisconsin. In accordance with the most recent guidance and protocols issued by the Centers for Disease Control and Prevention (CDC), and the Wisconsin Department of Health for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of Lutherdale within 14 days of (i) experiencing symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, (ii) having a suspected or diagnosed/confirmed case of COVID-19, or (iii) having been in close proximity to a person with a diagnosed/confirmed case of COVID-19.

Lutherdale has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that, due to the nature of the facilities and services offered by Lutherdale, social distancing of 6 feet per person may not be possible at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of Lutherdale and acknowledges that use thereof by the undersigned and/or such participating children may, despite Lutherdale's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death. The participant has voluntarily agreed to participate in the programming knowing there are these risks.

### **IN FURTHER CONSIDERATION OF BEING PERMITTED TO USE LUTHERDALE FACILITIES, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:**

**THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, HOLDS HARMLESS, AND COVENANTS NOT TO SUE LUTHERDALE** its directors, officers, employees, volunteers and agents from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of Lutherdale or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein, excluding any reckless or intentional acts of Lutherdale.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, HOLD HARMLESS, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, HOLD HARMLESS, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM LUTHERDALE IN CASE OF ILLNESS, INJURY, DEATH, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY LUTHERDALE FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MIINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO LUTHERDALE THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).**

Signing for:  Self  Minor Child

**Signatures of BOTH Guardians are needed if applicable**

\_\_\_\_\_  
Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Date Attending Camp