

7 spots available
Register ASAP!



Fundraising
opportunities!

**PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR
Extreme Faith Camp (Middle School Participants & High School Volunteers)**

Name: _____ T-shirt size _____ I want to fundraise _____
Date of Birth: ___/___/___ Sex: M / F Grade (FALL 2018): ____ (Current 5-11grade eligible to participate/serve)
Parent/Guardian Name: _____ Home Address: _____
Email: _____
Best Phone: _____ Text messages ok? Y or N (please circle one)

Event: Extreme Faith Camp Date: June 25th-June 29th (HS & Adult help June 24th-June 29th)
Place: Camp Courage, Maple Lake MN
Transport: Parent drop off and pick up at Camp
Cost: \$415 for the whole week of camp (\$385 Early Bird/\$445 Late Registration)
Deadline April 18: \$100 Deposit due with Registration, Final Payment due May 25th, 2018)
(No refunds will be given after May 28th, 2018)

Person(s) in Charge: Ana Teresa Deliz
Will you Help make this event possible? --- To chaperone or help sponsor a youth, contact Ana Teresa Deliz or send a check in a clearly marked envelope with EFC Youth in the Memo.

Name _____ T-Shirt Size _____

I, _____, grant permission for _____
Parent or Guardian Name Teen Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify *Mary Queen of Peace, all Churches participating, and the Archdiocese of St. Paul & Minneapolis* from any claims or law suits brought against *Mary Queen of Peace, all Churches participating, and the Archdiocese of St. Paul & Minneapolis* by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the *Mary Queen of Peace, all Churches participating, and the Archdiocese* in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of *Mary Queen of Peace and all Churches participating*.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name/Relation Emergency Phone Number

Camp Activities: Unless indicated I give permission to my child to participate in these potential camp activities; swimming, High Ropes Course, Boating, Fishing, Archery, etc. Indicate here activities not to participate in:

OPTIONAL MEDICAL INFORMATION:

Medication my teen is taking at present: _____
Family Health Plan carrier number: _____
Family Doctor: _____ Phone Number: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____ **Over →**

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my teen is in good health, and I assume all responsibility for the health of my teen. (*Of the following statements pertaining to medical matters, sign only those that are applicable.*)

Medical Treatment: In the event it comes to the attention of *Mary Queen of Peace* or any of the other Churches participating, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my teen becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My teen is taking medication at present. My teen will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the teen takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form. (Which can be found on the Parish Website)

Signature: _____ Date: _____

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

Signature: _____ Date: _____

Specific Medical Information: *Mary Queen of Peace* and all Churches participating, 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 teen have a medically prescribed diet? _____

Any physical limitations? _____

Has teen recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

Any special medical conditions? _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *Mary Queen of Peace* and all Churches participating, in this event sponsored by *Mary Queen of Peace*, all Churches participating.

Please read and sign at bottom.

I, _____, **WILL:**
Printed Name of Teen

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and timing responsibilities.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, *Mary Queen of Peace* can send the participant home at the participant/guardian's expense.

Teen Signature

Date

Parent/Guardian Signature

Date

***Please return this form to the Parish Office by: April 18th
with a \$100 down-payment to guarantee your spot.***