

St. Mary's Episcopal Church Jr High Outreach Camp 2017 Registration Form

Youth Participant Name _____

Address _____
Street

City _____ State _____ Zip Code _____

Telephone number(s) (_____) _____ (_____) _____
Home YOUTH or adult participant cell phone (not parent)

(Youth) E-mail _____

Birth date of youth participant _____ Grade in fall 17 _____

Health Insurance company _____ Policy # _____

Insured's name _____

Relationship to Insured _____

Allergies/medical conditions _____

Dietary needs/restrictions _____

***If you have special dietary needs, please do let us know. We will try to accommodate all requests.*

Parent/Guardian Information: if parents live at different addresses, list both, and indicate the primary residence
Adult Participants, please fill out information for your emergency contact

THIS PART MUST BE FILLED OUT, IT'S HOW WE REACH YOU IN AN EMERGENCY!

*****If there are special custodial arrangements, please notify the Youth Minister.***

Name _____ Name _____

Address(es) _____

Home phone(s) _____

Work phones _____

Cell phones _____

Parent e-mail _____

Person to notify IN CASE Parent/Guardian CANNOT BE REACHED!

Name _____ relationship _____

Home phone _____ cell or work phone _____

Jr High Outreach Camp (August 21 – 25, 2017)

**Cost \$100.00 ~ Checks payable to "St. Mary's Episcopal Church"
Registration deadline August 7, 2017**

***Cost includes Water Park fee (Friday) lunch Friday, rental van cost, speaker fees and agency donations/fees.*

****Jr High Outreach Camp is for rising 6th graders – 8th graders!**

The following is a list of medications that my child, _____, will need to take while attending _____. (Please attach a list if additional room is needed.) All prescription medication must be properly labeled in its original pharmacy container. Over the counter medication must also have the youth's name written clearly on the container.

If they do not need to take their medication during the day, but take medication at other times, please list it in event of emergency!

NAME OF MEDICATION	DOSE	WHEN TAKEN

The following medication will be available for your child to take with your permission. I, (signature) _____ Date _____ the parent/guardian of _____ give permission for my child to take:

Please check yes or no for each of the listed medications.

Cough Drops	Yes _____	No _____	Motrin	Yes _____	No _____
Mylanta	Yes _____	No _____	Tylenol	Yes _____	No _____

Required Signatures & Parent/Guardian Authorization

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St. Mary's Youth Event Covenant.

Non-negotiable rules: These Rules apply to youth and adult participants and staff, and signed by all participants & staff.

- I will not engage in inappropriate sexual behavior, this includes: sexual misconduct, sexually explicit communication, or harassment.
- I will not use, bring, or be under the influence of illegal drugs, or alcohol.
- I will not smoke cigarettes.
- I will respect the physical property of the facility and the property of each person at the event.
- I understand that acts of violence and aggression will not be tolerated.
- I will not enter sleeping areas of the opposite sex during the event.
- I will not be in the possession of or use firearms, knives (including pocketknives), fireworks, or other weapons of any kind.
- I will remain on the premises and be present for all scheduled activities for the entire event.
- I will try new and daring things, and participate fully in all planned events.

I have read and agree to follow the rules and norms during this event.

Participant's signature _____

PARENTAL CONSENT:

I give full permission for my child to attend all St. Mary's youth Mission trips and events including but not limited to: **Jr High Outreach Camp, St. Mary's Youth Group meetings, Youth Council meetings, Lock-ins, Mission Trips, Field trips, Shopping Mall Visits, Second Sundays @6, Rebounderz, Flight, Ice or Roller skating, Amusement Park trips, Shrine Mont PYM and parish events, Laser Tag, and any other event named here:** _____

I give my permission for photographs or video footage of my child to be used by St. Mary's Episcopal Church for promotional purposes. (brochures, **website photos**, online photo albums of the event, etc. (No names used)

STATEMENT OF ACTIVITIES AND RELEASE 2017

St. Mary's 2017 Jr High Outreach Camp is a ministry to the people whose are in need in the greater Washington DC area, Northern Virginia, and Maryland. Volunteers participating in the activities of the mission trip will be expected to be involved in activities that may require direct contact with those in need, preparing and serving food, praying together, encountering people with special needs, working with animals, picking crops/produce, sorting clothing, etc.

Note: *Volunteers are not required to engage in any work or recreational activity in which they feel they are not physically able to safely participate.*

MEDICAL RELEASE:

I also give permission to the leaders of this trip to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization, and

I understand that St. Mary's does not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

TRANSPORTATION RELEASE:

I give full permission for my child/children to be transported to the Mission Trip sites, and other events in conjunction with the trip, including public transportation, trains, vans, riding in approved vehicles, with approved drivers. I give full permission for my child/children to be transported to youth activities in conjunction with any above mentioned events, away from our meeting site, in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event.

WAIVER OF LIABILITY:

I agree to hold St. Mary's Episcopal Church, the Diocese of Virginia, the Church of the Epiphany, Washington DC, Sprout, AFAC, and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature _____ date _____

Volunteer Opportunities

I am available to be a driver for Outreach Camp activities off-site _____

I am available on the following days: M T W TH F (please circle one or more)

I have a minivan that may be used by St. Mary's for transportation between St. Mary's and off-site Outreach activities _____

***Outreach Camp is for Youth who are rising 6th – 8th graders.
Register through the Youth Ministry office attn/Sue Cromer using this form!*

***Everyone will need to bring a sack lunch Monday – Thursday. Lunch is provided on Friday!*