

**Extreme Faith Camp 2018  
Sr. High Registration Form  
St. Bridget of Sweden Catholic Church**

**PARENTAL/GUARDIAN CONSENT AND INDEMNITY AGREEMENT**

**THIS FORM IS TO BE HANDED INTO:**

Veronica Roltgen: St. Bridget of Sweden Catholic Church

**Participant's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Gender:** \_\_\_ Male \_\_\_ Female **Grade in School (Fall 2018):** 10 11 12

**Parent/Guardian's Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

**(Adult) T-Shirt Size:** SM MED LG XL XXL XXXL **C:** \_\_\_\_\_

**Parish:** St. Bridget of Sweden Catholic Church

**Type/Date of Event:** Extreme Faith Camp 2017...Saturday, June 9 – Friday, June 15

**Location:** Big Sandy Camp – McGregor, MN **Group Leader:** Veronica Roltgen

**Travel Details:** Depart from St. Peter's (time TBD) June 9; Return 3PM June 15

**Mode of Transportation:** caravan with St. Peter's

**Cost of Event:** \$350.00 (\$50.00 deposit due with registration)

**\*Early Bird Registration option\* On or before January 5th: \$325**

I, \_\_\_\_\_, GIVE PERMISSION FOR \_\_\_\_\_

Parent or Guardian Name Child Name

**TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT** and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Bridget of Sweden Catholic Church, and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against St. Bridget of Sweden Church and the Archdiocese of St. Paul and Minneapolis by myself, my child, or others that arises out of any behavior by my child at the event described above. I also agree to pay reasonable attorney's fees or expenses incurred by St. Bridget of Sweden Church and the Archdiocese of St. Paul and Minneapolis in defense of such a claim/suit.

I agree to drop my child off at the departure location at least 10 minutes prior to departure and to provide transportation home at my expense. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by St. Bridget of Sweden Catholic Church while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsors. 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:

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number (best number)

**HEALTH INFORMATION:**

\*\*\*A Copy of Your Medical Insurance Card **Must**  
be attached to this form in order for it to be processed.

Medication my child is taking at present \_\_\_\_\_

For headache or minor pain, my child may be given \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Insurance Company \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICAL MATTERS:**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (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 St. Bridget of Sweden Catholic Church its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called at my expense.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If your Child is taking Medications and will need to take these medication during the event:** My child will bring all such medications necessary, and such medications will be in the originally marked bottles. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

**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 child, if deemed appropriate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Specific Medical Information:** St. Bridget of Sweden Catholic Church 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 child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

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

You should be aware of these special medical conditions of my child: \_\_\_\_\_

M F

IMMUNIZATION RECORD—*CHECK (X) IF IMMUNIZED AGAINST.*

Camper name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_ / /

Grade \_\_\_\_\_ Age at Camp \_\_\_\_\_ Birth date \_\_\_\_\_

Retreat/Camp Session Date \_\_\_\_\_ Year \_\_\_\_\_

Church Sponsoring, *if any* \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Emergency Contact Person \_\_\_\_\_

Emergency Home Phone \_\_\_\_\_ Emergency Cell Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Insurance ID # \_\_\_\_\_ Group # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

HEALTH HISTORY— *CHECK (X) THOSE THAT APPLY*

EPILEPSY	HEART TROUBLE
CHICKEN POX	SKIN TROUBLE
ASTHMA	BED WETTING
CONVULSIONS	EAR TROUBLE
EMOTIONAL PROBLEMS	

## ALLERGIC TO:

PENICILLIN  
INSECT STINGS  
OTHER (LIST)

POLIO \_\_\_\_\_ WHOOPING COUGH \_\_\_\_\_

SMALL POX \_\_\_\_\_ MEASLES \_\_\_\_\_

DIPHTHERIA \_\_\_\_\_ RUBELLA \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

LIST ANY ACTIVITY RESTRICTIONS, DIETARY RESTRICTIONS, HEALTH PROBLEMS AND/OR MEDICATION (RX OR OTC) RELATING TO YOUR CHILD. PLEASE GIVE A DESCRIPTION OF ANY CURRENT PHYSICAL, MENTAL, OR PSYCHOLOGICAL CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESTRICTIONS OR CONSIDERATIONS WHILE AT CAMP. USE THE REVERSE SIDE OR AN ADDITIONAL SHEET.

**IMPORTANT**

IF THE HEALTH HISTORY IDENTIFIES HEALTH PROBLEMS OR ACTIVITY LIMITATIONS, A PHYSICAL EXAMINATION MUST BE PERFORMED BY A LICENSED PHYSICIAN WITHIN ONE YEAR BEFORE ADMISSION TO CAMP, INCLUDING INSTRUCTIONS RELATIVE TO THE LIMITATION OF THE CAMPER'S PARTICIPATION IN CAMP ACTIVITIES OR MEDICATION REQUIREMENTS.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO PROTECT AND SAFEGUARD ALL GUESTS. I AGREE NOT TO HOLD BIG SANDY CAMP LIABLE FOR ANY ILLNESS OR MISHAP FROM ANY CAUSE WHATSOEVER.

I ALSO GIVE CAMP FULL AUTHORITY IN DEALING WITH CAMPER DISCIPLINE. I UNDERSTAND THAT ANY CAMPER DISREGARDING CAMP RULES IS SUBJECT TO BEING SENT HOME WITH NO REFUND OF CAMP FEES. I UNDERSTAND THAT ANY CAMPER WHO WILLFULLY DESTROYS PROPERTY WILL BE HELD RESPONSIBLE AND BE CHARGED ACCORDINGLY.

BIG SANDY CAMP MAY USE PHOTOS, VIDEO, OR COMMENTS, OF THE CAMPER NAMED ABOVE IN ITS PROMOTIONAL MATERIALS.

I GIVE PERMISSION TO BIG SANDY CAMP TO DISPENSE MEDICATION (RX OR OTC MEDICATION) TO MY CAMPER TO MANAGE ILLNESS AND INJURY AS DIRECTED BY THE BIG SANDY CAMP MEDICAL PROTOCOL.

IN CASE OF EMERGENCY, IF I CANNOT BE CONTACTED, OR THE EMERGENCY NUMBER CANNOT BE CONTACTED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD, AS NAMED ABOVE.

ALL ABOVE INFORMATION IS CORRECT AS LISTED.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

## CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing St. Bridget of Sweden Catholic Church in this event sponsored by St. Bridget of Sweden Catholic Church June 9-June 15, 2018.

Please read and sign.

I, \_\_\_\_\_,  
Printed Name of Youth Participant

### **WILL:**

- treat all other persons with the respect and dignity that God has infused into each human person.
- not cause any intentional harm (physically, emotionally, mentally, or spiritually) to any person in any way on this event
- 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, parish leaders, chaperones, support staff, transportation personnel, Big Sandy Camp staff, and administration
- be on time for all check-ins and departure times throughout the entire event
- not have in my possession any tobacco, alcohol or any controlled illegal substance

Dress Code for Girls: \_\_\_\_\_ initial here

- Shirts: No cleavage, bare midriff, open backs, consistently visible bra straps. No tank tops will be worn.
- Pants: You must be able to sit down or bend over without showing any part of your undergarments or posterior cleft. No leggings, jeggings, yoga pants, or exercise tights. Tears in jeans must follow the rule for shorts
- Shorts: Hem must be at least to the length of your fingertips when your arms are relaxed at your side. No running shorts.
- Bathing suits: Only one-piece and tankini will be permitted.

Dress Code for Boys: \_\_\_\_\_ initial here

- Shirts: must remain on unless swimming.
- Pants: must cover all undergarments at all times. No leggings. Tears in jeans must follow rules for shorts.
- Shorts: Hem must be at least to the length of your fingertips when your arms are relaxed at your side. No running shorts.
- Bathing suits will follow shorts rule and pants rule.

I understand and agree to these expectations and that if any of these terms are violated, St. Bridget of Sweden Catholic Church can send the participant home at the participant/guardian's expense.

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return to:**  
**Veronica Roltgen, youth minister**  
**by Monday May 7th, 2018**  
**(or January 5th for the discount)**  
**St. Bridget of Sweden Catholic Church**

**PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS**  
**(USE THIS FORM ONLY IF MEDICATION IS TO BE GIVEN TO YOUR CHILD**  
**DURING THE EVENT)**

Any prescriptions or over-the-counter medicine must be in the original, labeled container and stored under lock and key.

\*The following information must be completed before medicine is given.

Student Name \_\_\_\_\_

Name of Prescription/Medicine \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_

Amount of Dosage \_\_\_\_\_

Times to be given \_\_\_\_\_

Duration of Prescription \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize St. Bridget of Sweden Catholic Church to  
Parent /Guardian Name

dispense medicine to \_\_\_\_\_ as directed above.  
Participant's Name

\_\_\_\_\_  
Signature of Parent/Guardian of Participant

\_\_\_\_\_  
Date

