



2019 MIDDLE SCHOOL DAY CAMP CATHOLIC DIOCESE OF RICHMOND

YOUTH Registration Form

Select the camp you will attend:

___ July 15-19: Richmond ___ July 29-August 2: Newport News

YOUTH INFORMATION

Name: _____

First Name for Nametag: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Parish Name: _____

Gender: _____ Birthday: _____ Grade in 2019-2020: _____ Adult T-Shirt Size: _____

PARENT / GUARDIAN INFORMATION

Name:	_____	_____
	(Father)	(Mother)
Cell Phone:	_____	_____
	(Father)	(Mother)
Email:	_____	_____
	(Father)	(Mother)

EMERGENCY CONTACT INFORMATION

Name: _____

Contact Number: _____

Relationship to Participant: _____

2019 Middle School Day Camp Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

*In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.*

<p>Does the participant have any dietary restrictions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Select any restrictions that apply to this participant:</p> <p><input type="checkbox"/> Gluten-free <input type="checkbox"/> Peanut-free <input type="checkbox"/> Vegetarian</p> <p>List any other dietary restrictions (i.e. allergies)</p>
<p>Is the participant allergic to anything?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):</p>
<p>Is the participant currently taking or has taken any prescription medication in the last 6 months?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.</p>
<p>Does the participant have any emotional, physical or sensory conditions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).</p>

RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

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. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.*

YES NO Parent/Guardian Signature: _____ Date: _____

2019 Middle School Day Camp

YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles while at the Middle School Day Camp.

SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in opportunities to receive the Sacraments.
- ✓ Participate in the sessions, activities, and prayer experiences.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated during the week.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, low cut tops, or guys without shirts are not permitted during the week. Appropriate swim wear may be worn on the water park day.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- ✓ If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No outside or unregistered visitors at the camp will be permitted.
- ✓ The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Any damages caused by the participant will be charged to the participant

I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the Middle School Day Camp and participants will forfeit their registration fee.

Youth Signature: _____ Date: _____

Printed Name: _____ Parish: _____

Parent Signature: _____ Date: _____

Printed Name: _____