

CATHOLIC DIOCESE OF SIOUX FALLS



D-CAMP

D-Camp Information Sheet Broom Tree Youth & Family Camp – July 11-14 and July 15-18, 2010

Deadline date is June 25, 2010
NO WALK INS WILL BE ALLOWED TO ATTEND D-CAMP

Information regarding D-Camp:

- The total cost is \$250 per participant.
 - **Jr. High Camp** – for youth who completed 6th through 8th grades during the 2009-2010 school year.
 - **High School - Camp** – for youth who completed 9th through 12th grade during the 2009-2010 school year.
- All participants must be pre-registered.
- Payment must be received prior to the camp. If payment is not received, participants will not be able to attend.
- Registration fees are non-refundable.
- All forms may be duplicated.
- **Deadline date to register is: June 25, 2010**
- Please send forms and appropriate payment to the *Adolescent Faith Formation Office at 523 North Duluth Ave, Sioux Falls SD 57104* by **June 25, 2010.**

Check list of items to be send to Youth Office:

Please complete the form for each participant.

- Registration/Parental – Guardian Consent Form and Liability Waiver/Medical Information Form – make sure all information is completed on each participant
- Payment

Information for Adult Leaders and Parents:

- **Check in** – 2:00 pm on Sunday, July 11th for Sr. High School participants and 2:00 pm on Thursday, July 15th for Jr. High School participants.
- **Pick up** – Both camps end at 2:00 pm - Wednesday, July 14th for Sr. High School participants and Sunday, July 18th for Jr. High School participants.
- **What to Bring** – pillow, sleeping bag, toiletries, extra money for treats, swimsuit (modest suit), sneakers, bible, rosary
- **Emergency Phone Number** – 263-1040

Cancellation Policy - Please be aware of our policies regarding cancellations as follows:

- It sometimes becomes necessary for the Diocese to cancel a scheduled event due to low numbers, weather, or other extenuating circumstances. Please note that every attempt possible will be made to notify you of this cancellation. If the diocese does cancel an event all fees will be fully reimbursed.
- Due to overwhelming demand and the need for advance planning, we require a definite commitment from participants. Therefore, all payments are nonrefundable. Failure to pay by the requested date will result in a forfeiture of your spots so we can accommodate, to the best of our abilities, any over-flow.
- Please be aware that these policies are in place so that we may be as fair as possible to all groups and so that we may prepare adequately for the participants who are able to attend.

Summer 2009 Camps

CATHOLIC DIOCESE OF SIOUX FALLS

Please check the camps you are attending.

_____ **D-Camp – Junior High** July 15-18, 2010
(For those youth who completed 6th – 8th grade during the 2009-2010 school year)

_____ **D-Camp – High School** July 11-14, 2010
(For those youth who completed 9th – 12th grade during the 2009-2010 school year)

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OVERNIGHT YOUTH EVENT PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____ Parish _____

Address: _____
Street/PO Box _____ City/State _____ Zip _____

Date of Birth: _____ Gender: Female Male T-Shirt Size: S M L XL XXL Grade in School: _____

Parent/Guardian's name: _____ Relationship: _____

Home phone: _____ Alt phone: _____ School Attending _____

I, _____, grant permission for my child, _____

Parent or Guardian's Name Child's Name

to participate in the camp experience(s) marked above during the corresponding dates of the activity and at the location listed above, understanding that if said event requires transportation to a location away from the parish site, such activity will take place under the guidance and direction of event employees.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor "participant".

I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Sioux Falls, the sponsoring organizations, and the hosting organizations, their officers, directors and agents, chaperones, and representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Catholic Diocese of Sioux Falls, chaperones, and representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

Parent or Guardian's Name

Complete Both Sides of This Form and Mail with the appropriate payment to:
Adolescent Faith Formation Office, 523 N Duluth Ave, Sioux Falls, SD 57104

If you have any questions, please call Gail Nelson at (605) 988-3763, or email gnelson@sfcatholic.org

Medical Health: I hereby warrant that to the best of my knowledge, my child, the above named "participant", is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Date: _____

Parent or Guardian's Name

In the following information boxes containing statements pertaining to medical health, sign only those which are applicable to the participant.

Emergency Medical Treatment: In the event of an 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 numbers previously given for the parent/guardian, contact:

Name & Relationship to participant: _____ Phone: _____

Family Doctor: _____ Phone: _____

Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Parent or Guardian's Name

Medication:

➤ My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

Parent or Guardian's Name

➤ No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

Parent or Guardian's Name

➤ I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed by camp staff to be necessary and appropriate.

Signature: _____ Date: _____

Parent or Guardian's Name

Specific Medical Information: Reasonable care will be taken to see that the following information is held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does the child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting _____

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

Other special medical conditions: _____

**** PLEASE COMPLETE BOTH SIDES OF THIS FORM ****