
Extreme Faith Camp

2011: BE NOT AFRAID!



Youth Registration Packet

1. Get this packet!
2. Read this Page and put the deadlines on your calendar.
3. *** Do the online registration at <http://divinemeracy.cc/?p=756> .***
4. Become a Fan of "Extreme Faith Camp" on Facebook.
5. Read and Post the Flyer in this packet on your refrigerator at home.
6. Fill out the forms in this packet and return them with your down payment of \$75 to your youth minister ASAP to get the cheaper spots.
7. If your parish is involved with fundraising please be sure to participate!

Important Dates and Info:

Camp Dates:	June 20th-24th, 2011
Name Of Camp:	Big Sandy Camp McGregor, MN
Who Can Go:	Open To All Teens Finishing Grades 6th-8th
Cost:	\$375.00 *See Early Bird Registration options*
	<i>Cost includes all activities, meals, and transportation</i>
	1. Before February 1st, \$225
	2. Before March 1 st , \$275
	3. Before April 1 st , \$325
	4. After April 1 st cost is, \$375
	5. Friday, May 13th is the very last day to sign up! <i>Better call your youth minister.</i>

High schoolers who want to be a part of our camp leadership should inquire with their youth minister.

Extreme Faith Camp 2011

CAMPER Registration Form

St. John the Baptist, New Brighton

PARENTAL/GUARDIAN CONSENT AND LIABILITY WAIVER

THIS FORM IS TO BE HANDED INTO: Libby DuPont

Date Form handed in: _____ Deposit included: _____

Participant's Name: _____

Home Address: _____

City: _____ State/Zip: _____ Home Phone: _____

Email: _____

Cell Phone: _____ Can we text you? Yes No Facebook? Yes No

Date of Birth: ___/___/___ Gender: ___Male ___Female Grade in School (Fall 2011): 7 8 9

Parent/Guardian's Name: _____ Phone: _____

Before handing in this form you will need to easily register online

at: <http://divinemeracy.cc/?p=756>

Type/Date of Event: Extreme Faith Camp 2011 to be held at Big Sandy Camp, McGregor, MN Monday June 20th-Friday June 24th

Location: Big Sandy Camp – McGregor, MN

Group Leader: Libby DuPont

Mode of Transportation: Bus / Car pool

Cost of Event: \$400.00 for Jr. High teens (\$75.00 deposit due w/t registration)

Early Bird Registration options Before February 1st, \$225, Before March 1st \$275,
Before April 1st, \$325, after April 1st cost is, \$375

T-Shirt Size: SM MED LG XL XXL XXXL

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

HEALTH INFORMATION:

(Please Provide a Copy Of Your Medical Insurance Card)

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 _____

I, _____, GIVE PERMISSION FOR _____
Parent or Guardian Name Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of **St. John the Baptist Catholic Church** from any claims or law suits brought 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 Church of **St. John the Baptist Catholic Church** defense of such a claim/suit. (Cont'd next page)

I agree to drop my child off at the departure location at least 15 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 Church of **John the Baptist 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** _____

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 Church **John the Baptist 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:** _____

Medications: 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 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: **John the Baptist 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:

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing **John the Baptist Catholic Church**, in this event sponsored by the Church of **John the Baptist Catholic Church** June 20-24, 2011.

Please read and sign.

I, _____, WILL:
Printed Name of Youth Participant

- 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. *(Cont'd next page)*

- 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 departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, the Church of **St. John the Baptist Catholic Church** can send the participant home at the participant/guardian's expense.

 Youth Participant Signature Date

 Parent/Guardian Signature Date

Please return to:
Attn: Libby DuPont
 835 2nd Ave NW, New Brighton, MN 55112
by Friday May 13th, 2011

(Registration for Extreme Faith Camp 2011 is closed after Friday May 13th, 2011)

St. John the Baptist Catholic Church is sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18.

St. John the Baptist Catholic Church
PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS
(USE THIS FORM ONLY IF MEDICATION IS TO BE GIVEN 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. John the Baptist to dispense
Parent /Guardian Name
 medicine to _____ as directed above.
Participants Name

 Signature of Parent/Guardian of Participant Date

BIG SANDY YOUTH REGISTRATION / MEDICAL FORM

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;">Camper name</td> <td style="width: 20%; text-align: center; border-bottom: 1px solid black;">M F</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Home Phone #</td> <td colspan="2" style="border-bottom: 1px solid black;">E-Mail Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grade</td> <td style="border-bottom: 1px solid black;">Age at Camp</td> <td style="border-bottom: 1px solid black;">Birth date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Retreat/Camp Session</td> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Year</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Church Sponsoring, <i>if any</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Parent or Guardian</td> <td colspan="2" style="border-bottom: 1px solid black;">Emergency Contact Person</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Emergency Home Phone</td> <td colspan="2" style="border-bottom: 1px solid black;">Emergency Cell Phone</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Health Insurance Company</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Insurance ID #</td> <td colspan="2" style="border-bottom: 1px solid black;">Group #</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Physician's Name</td> <td colspan="2" style="border-bottom: 1px solid black;">Phone Number</td> </tr> </table> <p style="margin-top: 5px;">HEALTH HISTORY— CHECK (X) THOSE THAT APPLY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> EPILEPSY <input type="checkbox"/> CHICKEN POX <input type="checkbox"/> ASTHMA <input type="checkbox"/> CONVULSIONS <input type="checkbox"/> EMOTIONAL PROBLEMS ALLERGIC TO: <input type="checkbox"/> PENICILLIN <input type="checkbox"/> INSECT STINGS <input type="checkbox"/> OTHER (LIST) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> HEART TROUBLE <input type="checkbox"/> SKIN TROUBLE <input type="checkbox"/> BED WETTING <input type="checkbox"/> EAR TROUBLE </td> </tr> </table>	Camper name	M F	Address		City	State	Zip	Home Phone #	E-Mail Address		Grade	Age at Camp	Birth date	Retreat/Camp Session	Date	Year	Church Sponsoring, <i>if any</i>			Parent or Guardian	Emergency Contact Person		Emergency Home Phone	Emergency Cell Phone		Health Insurance Company			Insurance ID #	Group #		Physician's Name	Phone Number		<input type="checkbox"/> EPILEPSY <input type="checkbox"/> CHICKEN POX <input type="checkbox"/> ASTHMA <input type="checkbox"/> CONVULSIONS <input type="checkbox"/> EMOTIONAL PROBLEMS ALLERGIC TO: <input type="checkbox"/> PENICILLIN <input type="checkbox"/> INSECT STINGS <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> HEART TROUBLE <input type="checkbox"/> SKIN TROUBLE <input type="checkbox"/> BED WETTING <input type="checkbox"/> EAR TROUBLE	<p>IMMUNIZATION RECORD—CHECK (X) IF IMMUNIZED AGAINST.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> POLIO <input type="checkbox"/> SMALL POX <input type="checkbox"/> DIPHTHERIA </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> WHOOPING COUGH <input type="checkbox"/> MEASLES <input type="checkbox"/> RUBELLA </td> </tr> </table> <p>Date of Last Tetanus Booster _____</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>BIG SANDY CAMP MAY USE PHOTOS, VIDEO, OR COMMENTS, OF THE CAMPER NAMED ABOVE IN ITS PROMOTIONAL MATERIALS.</p> <p>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.</p> <p>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.</p> <p>ALL ABOVE INFORMATION IS CORRECT AS LISTED.</p> <p style="text-align: center;">SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____</p>	<input type="checkbox"/> POLIO <input type="checkbox"/> SMALL POX <input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> WHOOPING COUGH <input type="checkbox"/> MEASLES <input type="checkbox"/> RUBELLA
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You made it to the end of the forms! Good job!
 See the next page for your fridge-flyer.

Extreme Faith Camp

2011: BE NOT AFRAID!

"Dear young people, my friends, do not be afraid to respond generously to Christ's invitation to follow him!" —John Paul II



John the Baptist Youth Center

EXTREME FAITH CAMP IS...

Boating, water slide, swimming, archery, bonfire, sports, games and tons of other awesome camp activities with other junior highers from around the Twin Cities.

It's Mass, small groups, talks, prayer, Reconciliation, Adoration, music and dramas designed to help your faith come alive.

In short, it's the best week of your summer!



JUNE 20-24, 2011
BIG SANDY CAMP MCGREGOR MN
OPEN TO TEENS FINISHING GRADES 6-8
\$225 by Feb 1, \$275 by Mar 1, \$325 by Apr 1, \$375 by May 1
includes transportation, all activities & meals
REGISTRATION DEADLINE MAY 15TH
Hurry! Camp is likely to fill early this year!
MORE INFO Libby DuPont, 651-633-8333 x1218
johnthebaptistyouth@yahoo.com