

Diocese of Tulsa and Eastern Oklahoma

# Catholic Summer Camp Registration

Registration Opens February 10, 2020 / Closes May 15, 2020

<b>Dates:</b> June 29-July 3, 2020	<b>Grades:</b> 6-8	<b>Location:</b> Sequoyah State Park	<b>Cost:</b> \$200
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**\$100 Non-Refundable Deposit Due Upon Registration / \$100 Non-Refundable Balance Due by May 15, 2020**

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

Parish/School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Girl/Boy: \_\_\_\_\_

Participant resides with (check all that applies): Mother  Father  Guardian(s) \_\_\_\_\_

Custodial Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

T-shirt **Adult** Sizes: S M L XL 2XL (\$2 extra)

I will need bus transportation to **Sequoyah State Park**: **Departing:** Yes  No  **Returning:** Yes  No

Is this your child's first time away from home for an extended period of time? Yes  No  Please let us know anything we should be aware of about your child that will help us make camp a more enjoyable experience for them (i.e. certain fears, dislikes, behaviors, etc.) \_\_\_\_\_

### REQUIRED OFF-SITE CONSENT AND WAIVER FORM for RE/YOUTH ACTIVITIES

**Name of Activity:** Diocese of Tulsa Catholic Summer Camp (hereinafter referred to as the **Activity** and more fully described below). **Please print**

**PARTICIPATION PERMISSION:** I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be allowed participate in the Activity to be held at **Sequoyah State Park** located in **Hulbert, OK** on **June 29-July 3, 2020**, including travel time and all events and activities related to said Activity. Transportation is being provided by **Diocese of Tulsa**. I understand that in the event Participant fails to conduct herself/himself in a manner consistent with the policies of **Diocese of Tulsa** she/he may be requested to leave the Activity and return home at my expense and that additional disciplinary action may result.

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither the Diocese of Tulsa, nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the Activity.

**MEDICAL INFORMATION:** Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.)  yes  no **If yes**, explain (attach additional sheets as necessary): \_\_\_\_\_

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.)  yes  no **If yes**, explain (attach additional sheets as necessary): \_\_\_\_\_

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.)  yes  no **If yes**, explain (attach additional sheets as needed): \_\_\_\_\_

Does your child have any disabilities or physical or developmental limitations?  yes  no **If yes**, explain (attach additional sheets as necessary): \_\_\_\_\_

Participant's Primary Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of primary insured: \_\_\_\_\_ Date of last tetanus immunization: \_\_\_\_\_

\_\_\_\_\_ (Parent Initial)

**CONSENT TO TREATMENT OF PARTICIPANT:** I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the Activity and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

**REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES:** I request and authorize the staff of the Activity to administer the medicines listed below to Participant, as indicated:

<u>Name of Medicine</u>	<u>Dosage</u>	<u>Frequency</u>
1. _____		
2. _____		

**NOTE: ALL MEDICINES TO BE TAKEN OR ADMINISTERED MUST BE ARRANGED FOR IN ADVANCE AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE PARTICIPANT'S NAME AND DOCTOR'S INSTRUCTION. (Attach extra pages if necessary)**

I hereby  grant  do not grant permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, etc) to be given to Participant, if deemed appropriate.

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

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE or pursue any legal action against** the Bishop of the Diocese of Tulsa, and the Diocese of Tulsa and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the Activity, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, travel to and from the Activity, housing, meals and collateral entertainment to the fullest extent permitted by law.

**USE OF IMAGE WAIVER:** I hereby grant the parish and/or the Diocese of Tulsa permission to use my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the parish and/or the Diocese of Tulsa and will not be returned. I hereby irrevocably authorize the parish and/or the Diocese of Tulsa to edit, alter, copy, exhibit, publish or distribute my child's image or likeness for purposes of publicizing or promoting the parish and/or Diocese of Tulsa's programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I also understand that, should I refuse to initial here, this will not preclude my child from participation. \_\_\_\_\_ **(Parent Initial)**

**COMMUNICATION/SOCIAL MEDIA CONSENT:** I understand that social media (Facebook, Twitter, Google+, etc.) and/or cellular communication (cell phone, texting, Fast Follow) can be a great way to inform my child of events, youth functions, catechetical opportunities, and service projects—if my child has access to any of these media. I acknowledge that these media may be used to inform my child of upcoming events. I hereby grant the parish and/or the Diocese of Tulsa permission to communicate with the participant through social media. I acknowledge that the primary purpose of such communication shall be for providing information related to ministries or events and not for socialization, counseling, or other personal interaction. I also understand that, should I refuse to initial here, this will not preclude my child from participation. \_\_\_\_\_ **(Parent Initial)**

**CONDUCT POLICY:** I hereby acknowledge the participant is to maintain conduct in a manner consistent with the policies of the parish and/or the Diocese of Tulsa. I understand that failure to do so may result in my child being required to leave the RE/youth activity and/or to discontinue participation in future youth programs and activities at the discretion of the parish, school, and/or the Diocese of Tulsa. Understanding this, my child and I commit to the following **(Parent/Participant 12 years of age and older initial each):**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ My child will not possess, obtain, use, or abuse alcohol, tobacco, or any other illegal substances. I understand that failure to abide by this rule will result in my child's immediate dismissal from the RE/youth activity. I also understand that my child may be required to discontinue participation in future RE/youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ My child will not possess, obtain, or use a weapon of any kind, *including pocket knives*. I understand that failure to abide by this rule will result in my child's immediate dismissal from the RE/youth activity. I also understand that my child may be required to discontinue participation in future RE/youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ My child will maintain decorum and discipline. I understand that, should a discipline problem arise and my child is involved, my child will be immediately dismissed from the activity. I also understand that my child may be required to discontinue participation in future RE/youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

**I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this OFF-SITE REGISTRATION AND WAIVER FORM FOR RE/YOUTH ACTIVITIES consisting of two (2) pages.**

**SIGNATURE:**

**Participant's Signature (12 years and up):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Custodial Parent/Guardian Name (please print):** \_\_\_\_\_

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

Mail complete registration/waiver form, fees, and copy of insurance cards to:

Diocese of Tulsa  
**ATTN: Summer Camp**  
PO Box 690240  
Tulsa, OK 74169-0240

**Questions? 918-307-4907 or 918-307-4939 or [youth.office@dioceseoftulsa.org](mailto:youth.office@dioceseoftulsa.org)**

**Checklist for mailing:**

- Registration/Waiver Form
- Fee (\$100 Non-Refundable Deposit with this form; \$100 Non-Refundable Balance by May 15, 2020 = \$200 total)
- Copy of Insurance Cards