



“BRAVE” SUMMER CAMP!!!

July 2-6, 2018

(Monday-Friday)

Forest Glen Camp
Huntsville, TX

KEEP THIS PAGE

The camp is located in the heart of the Sam Houston National Forest and has a 24-acre private lake! We are very excited about the plans for our camp this year, and we can hardly wait for it to begin!!! We are going to have a blend of spiritual and recreational activities all week long that will help the teens to grow stronger in their faith and character. **All Youth from current 8th graders through graduating seniors will be able to attend this great camp, but we are limited on spots!!!**

For a closer look at the camp facilities, check out their website: www.forestglen.org

The Details:

--We will leave on Monday, July 2nd @ 1PM and return on Friday, July 6th @ 9PM

--We will meet at **St. Luke** and travel by bus to the camp and stay in air conditioned cabins

--Spiritual activities for this year's camp include: Mass, Adoration of the Blessed Sacrament, prayer services, skits, inspirational talks, praise and worship, AND MANY MORE!!!

--Recreational activities for this year's camp include: high and low ropes courses, zip lines, rock climbing, team building, scavenger hunt, water wars, canoeing, fishing, team sports such as soccer, touch football, volleyball, etc., swimming, ga-ga ball, small group competitions, AND MANY MORE!!!

--**The cost is \$350 for the entire week...all-inclusive!**

--Please make checks payable to “**St. Luke the Evangelist**” and write the youth's name and “Brave” in the memo.

--**A Non-refundable deposit of \$200 is due by March 1st, 2018.**

--The deposit and remaining balance can be paid entirely by participating in our fundraisers!!!

--Fundraisers for BRAVE and AYC will be the Bake Sales on February 25th and May 6th.

--**Balances are due on Sunday, May 13th.** ←

--If you have any questions, please feel free to contact Jen!

Jen Sanders

Youth Ministry Coordinator

Catholic Community of St. Luke the Evangelist

Office: 281-481-4735

youthministry@stlukescatholic.com

GET READY TO HAVE A BLAST AT SUMMER CAMP!!!

BRAVE SUMMER CAMP

Office Use Only
PAYMENTS:

REGISTRATION FORMS - July 2nd-6th, 2018

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND LEAVE NO BLANKS!!!
If an item is not applicable, write "N/A"

Participant's Name _____ Date of Birth _____
Home Address _____ City/Zip Code _____
Parent(s)/Guardian(s) _____ Home Phone (____) _____
Parent Cell Phone Number: (____) _____ Alt. Cell Number:(____) _____
Parish: Sacred Heart of Jesus - Manvel School: _____
Grade (On Date Of Event): _____ Age (On Date Of Event): _____ Sex M / F
PARENT'S Email Address: _____
ROOMMATE REQUEST: _____
T-Shirt Size (Adult Sizes): Small Medium Large XL XXL XXXL

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child,
(participant's name), _____ to participate in **BRAVE Summer Camp on July
2nd-6th, 2018 at Forest Glen Camp in Huntsville, TX. This includes bus or chaperone vehicle transportation.**

I agree on behalf of myself, my child's other parent if known or living (name of other parent), _____,
my child name herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the
sponsoring parish (its pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with
the scheduled activity unless the parties involved were careless and negligent.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant)

Date

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

MEDICAL CONSENT FORM

Participant Name: _____

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

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 and you are unable to reach me, contact:

Name & Relationship: _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ Dosage: _____

Administer: _____

Initial next to ONE of the following:

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, Benadryl, throat lozenges, cough syrup, etc.)
(Initial) to be administered to my child if deemed advisable. I understand that Aspirin will not be given to my son/daughter.

_____ I hereby **Do Not Grant Permission** for medication of any type (prescription or nonprescription) to be administered to
(Initial) my child unless the situation is life-threatening and emergency treatment is required.

Medical Conditions Information: (Personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Had an episode of the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, medications, latex, etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care Yes No
- Has a medically prescribed diet? _____
- The following physical limitations: _____
- Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical and/or psychological conditions of my child (e.g. depression, A.D.D., etc):

Insurance Information: **No, my child does not have medical insurance at this time.**

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Phone: (____) _____

Mother's Name: _____ Phone: (____) _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parent/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian must sign for anyone under 18 years of age) _____ Date _____