

CAMP SUMMIT

catholic adventure camp

YOUTH REGISTRATION (for youth under 18)

Parental Consent and Liability Waiver with Medical Release, Page 1

Camp Summit is a Catholic adventure camp for middle school youth, along with their high school and adult leaders, from across the Diocese of Winona.

All participants (*Fiat & Dream Team included*) must fill out the following paper work and register w/a group to attend Camp Summit. Return paperwork to your Youth Minister/ Group Leader (*if you don't have one contact the Camp Summit Staff*).

Group leaders must submit all paperwork to the Diocese no later than July 1st.

Parish Name & City _____ Group Leader's Name _____

Week Attending July 30-August 2 August 6-9

Participant's Name _____ Male/Female


Date of Birth _____ Age at Time of Camp _____ Grade in Fall of 2018 _____

Home Address _____
Street City State Zip Code

Parent/Guardian _____ Relationship _____

Primary Phone _____ Secondary Phone _____

Email Address _____ T-Shirt Size YM/YL/YXL/S/M/L/XL/2X/3X

 I, Parent's/Guardian's Name (Printed), grant permission for Participant's Name (Printed) to participate in the above named activity and I warrant that my child is in good health, and assume all responsibility for the health of my child. In consideration of my child's participation, I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend above named parish/school and the Diocese of Winona, its officers, directors, employees and agents, chaperones, or representatives associated with the event, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith; and any injury to my child from any cause or person whatsoever, any actions, claims, or demands that may arise because of my child's actions or omissions resulting in injury or damage. I agree to compensate the above named parish/school and the Diocese of Winona 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 above parish/school and Diocese of Winona in connection therewith.

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Parental Consent and Liability Waiver with Medical Release, Page II

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. I agree to pay the cost of medical treatment in connection therewith, and agree to compensate the parish and the Diocese of Winona for expenses incurred.

Emergency Contact: In the event of an emergency, if you are unable to reach me, contact:

Contact's Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____

Medication & Insurance Information: Medication my child is taking at present:

My child will bring all such medications necessary, and such medications will be well-labeled and in original containers. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows (*attach directions if necessary*):

Health Plan Carrier _____ Policy Number _____

Family Doctor _____ Clinic _____ Phone No. _____

Media Release: The undersigned parent/guardian hereby consents that the Diocese of Winona be permitted to use and publish for advertising, promotional or publicity purposes, the photograph or video and internet site image of my child for lawful purpose and the undersigned parent guardian does hereby release the Diocese of Winona from any liability in connection with such use.

▶ **Participant Signature** _____ **Date** _____

As Parent/Guardian, I agree to all of the above stated considerations and conditions.

▶ **Parent Signature** _____ **Date** _____

Eagle Bluff High Ropes Course and Climbing Wall: *I acknowledge that my child's participation in the high ropes and climbing wall activities entails known and unanticipated risks. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I fully understand the consequences of and sign this Liability Waiver for my child to participate in the high ropes and climbing wall activities.

▶ **Parent Signature** _____ **Date** _____

**(If not signed, your child will NOT be allowed to participate on the high ropes or climbing wall.)*

Optional Medical Information:

The Diocese of Winona will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc...)
- Date of last tetanus/diphtheria immunization _____
- Medically prescribed diet
- Physical limitations
- Chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?
- You should also be aware of these special medical conditions of my child...

Describe the checked items above (*attach details if necessary*):

Optional Signature Below: 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 advisable.

▶ **Parent Signature** _____ **Date** _____

CAMP SUMMIT is a ministry of the Diocese of Winona, Minnesota
www.campsummitwinona.org



Eagle Bluff Environmental Learning Center
CAMPER Medical Release Form

► All fields must be completed for participation

NAME OF CAMP: _____

Male Female

Camper's Last Name _____ First Name _____ Middle Initial _____ Age _____

Student's Date of Birth (MM/DD/YYYY) _____ Height _____ Weight _____

| | |
|--------------------------------------|--------------------------|
| Parent or Guardian Name(s) _____ | |
| Street Address _____ | City _____ |
| State _____ | Zip Code _____ |
| Email Address _____ | Cell Phone (_____) _____ |
| Home Phone (_____) _____ | Work Phone (_____) _____ |
| Other Emergency Contact Person _____ | |
| Home Phone (_____) _____ | Work Phone (_____) _____ |

| |
|---|
| Name of Parent's/Camper's Insurance Company _____ |
| Policy Number _____ Phone Number (_____) _____ |

Allergies & Intolerances: Please list all of your camper's allergies to medications, insects, food, and explain. **All life threatening allergies must be communicated to Eagle Bluff staff prior to an Eagle Bluff visit.**



Medications: List all **prescription** medications your student is currently taking and explain (see dispensation policy on back):

Please check all non-prescription drugs Eagle Bluff may dispense to your camper if needed.

- Antacid Benadryl Cough Drops Ibuprofen Tylenol Sun block None without a call home

Medical & Behavioral Conditions: Please include all conditions such as diabetes, epilepsy, asthma, ADD, EBD, etc. Also include treatments such as casts, splints, etc. applicable at the time the student will be at Eagle Bluff.

Activity Level: Is your student capable of participating in strenuous activities? _____ Yes _____ No, please explain:

Authorization & Release (please read statement on back of page):

| | |
|---------------------------|-------|
| X _____ | _____ |
| PARENT/GUARDIAN SIGNATURE | DATE |

NOTE: Failure to sign this form will prohibit your child from participating in all Eagle Bluff activities. All medical information is kept confidential and all medical forms are kept for a period of two years. You are invited to request more information about Eagle Bluff programs, facilities, and policies at any time.

- _____ I do not wish to receive information about Eagle Bluff.
 _____ I deny Eagle Bluff permission to take photos of my student.

MEDICAL AUTHORIZATION AND RELEASE STATEMENT

Agreement, Indemnification, and Assumption Of Risk

Message from Joe Deden, Eagle Bluff's Executive Director:

Over the last three years our insurance costs have risen dramatically (300+% increase). We have not had any losses over the same time period to warrant these increases. Our current insurance carrier, Insurance Exchange Brokerage Service, is requiring us to have you - the parent, guardian, or legal aged participant of our classes, specifically the high ropes course, rock climbing wall, or group challenge course – to agree to the following release statement. The statement explains possible risks inherent with completing outdoor activities.

Our goal at Eagle Bluff is to provide safe learning experiences for all our participants. Our high ropes course, group challenge course, rock climbing wall, and all equipment are inspected regularly and are structurally sound. In addition, each participant receives safety instruction and an equipment check by a trained Eagle Bluff staff member. Each course has thousands of users every year and we have never had any major injuries. We adhere to the highest standards of safety and supervision in every class that we offer.

If you have any questions or concerns, please call me personally at (507) 467-2437, extension 104.

By signing the front of this form, I agree to the following...

I, as a parent or guardian of the named minor (hereinafter referred to as "minor"), hereby give my permission for my child or ward to participate in all Eagle Bluff activities and further agree to the terms herein contained. In consideration of the minor being permitted by Eagle Bluff Environmental Learning Center, Inc. (hereinafter collectively referred to as "EBELC") to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless EBELC from any and all claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the minor against EBELC, and which are in any way connected with such use or participation by minor. In the event that I file a lawsuit against EBELC, I agree to do so solely in the state of Minnesota, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I acknowledge that my child's participation in individual and group initiatives, problem solving exercises, and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I also agree to direct my student to comply with all Eagle Bluff rules and policies and to cooperate with Eagle Bluff personnel. I understand and agree that if the student fails to comply with the rules and policies, she/he may be expelled from Eagle Bluff and sent home at my, the parent or legal guardian's, expense.

I hereby represent that the minor is in good health, that I have identified all medical conditions associated with the minor, and that I have adequately informed EBELC personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I acknowledge that the student's medical conditions stated on this form are complete and correct. I authorize EBELC personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, EBELC shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

MEDICAL DISPENSATION POLICY:

All medications will be administered by Eagle Bluff personnel. Prescription medication must be in its original container with the prescription and dose clearly marked. Parents will need to complete a Medication Dispensary Form upon arrival at Eagle Bluff.

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YOUTH CODE OF CONDUCT

To be Signed by All Youth Under 18 and a Parent/Guardian

Remember you are representatives of the Diocese of Winona. We expect you will represent your parish, school, and the Diocese well during this event. Recall that you are a witness to Christ to others who will attend this gathering. We ask you to project an image of Christian charity and to respect everyone and the property around you. We are confident you will display maturity, responsibility in leadership and character. Thank you!

Diocesan participants are responsible for their actions. Each participant accepts the full responsibility for any damage or theft caused while attending this event. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.

- I. I will treat all persons as a son or daughter of God with dignity and respect. I will not intentionally cause any harm (physically, emotionally, or spiritually) to any person in any way.
- II. I will respect the property of others, including all program facilities.
- III. I will follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, adult leaders, support staff, transportation personnel and administration.
- IV. I will be on time for all check-ins and departures.
- V. I will attend all activities and remain with my group or designated subgroup at all times.
- VI. I will not bring, possess or use alcohol or illegal drugs (*if you have prescription medication, your group leader and Diocesan staff must be informed before the trip*).
- VII. I will not bring, possess or use any tobacco products.
- VIII. I will not bring, possess or view morally inappropriate materials in any form.
- IX. I will not bring or possess any weapons. Possession of a weapon will mean immediate dismissal.
- X. I will be aware of noise levels in sleeping areas. I will respect others' need for sleep, quiet time and privacy.
- XI. I will dress modestly at all times.

A note about room assignments: There should be no need for sleeping room changes. If such need arises, participant must contact the group leader who will coordinate a change with the appropriate facility. Men and women, boys and girls, are to stay in separate sleeping areas and not visit the sleeping areas of the opposite sex at any time. Socializing may be done only in public areas.

I agree to abide by this code of conduct during camp and while traveling to and from Camp Summit. I understand that failure to abide by this code may result in my being sent home at my own and/or my parent/guardian's expense.

 **Participant Signature** _____ **Date** _____

 **Parent Signature** _____ **Date** _____

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