

St. M's Camp 2008  
June 23-27, 2008 9:00-1:00 daily

## THE HANDS OF GOD, ROSE WINDOW PROJECT

Boys and Girls, join us for camp this year and help design and make a 5 foot round stained glass Rose Window! Our window will hang on display in the sanctuary beginning in September until just before Advent!

The tuition for camp this year is \$ 75.00 per camper

Scholarships are available, please see Mother Jenni

Participant Registration form and Trip Permission form must be completed and submitted to Dana Rohn by June 23rd.



**Participant's Registration**  
**Valid June 23rd through June 27th**

Participant \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Telephone—Father: (Day) \_\_\_\_\_ / \_\_\_\_\_ ; (Eve) \_\_\_\_\_ / \_\_\_\_\_

Telephone—Mother: (Day) \_\_\_\_\_ / \_\_\_\_\_ ; (Eve) \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (zip)

**In case of emergency or unexpected schedule change and the above person(s) cannot be contacted, please notify:**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_]

City of Residence: \_\_\_\_\_ Phone: (Day) \_\_\_\_\_ / \_\_\_\_\_  
(Eve) \_\_\_\_\_ / \_\_\_\_\_

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**Medical Authorization**

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin.) In the event I cannot be reached, I hereby give my permission to the licensed physician selected by the adult leader in charge to secure proper treatment, including X-Ray examination, medical or surgical diagnosis, hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult). This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but it is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician.

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Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Does your son/daughter, to your knowledge, smoke or chew tobacco?

\_\_\_\_ Yes \_\_\_\_ No

If "Yes", does s/he have your permission to smoke or chew at youth ministry events?

\_\_\_\_ Yes \_\_\_\_ No

Birth Date of Minor \_\_\_\_\_ Social Security # \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participating in youth programs:

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Family Physician: \_\_\_\_\_ Phone# \_\_\_\_\_ / \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Group # \_\_\_\_\_

# Trip Permission Form

**To: St Michael's Parish Litchfield.**

\_\_\_\_\_ has (have) my permission to attend  
(name of child or children)

attend \_\_\_\_\_

involving travel away from the church premises, on \_\_\_\_\_  
(Departure Date)

to \_\_\_\_\_.  
(Return Date)

I understand that transportation will be provided by \_\_\_\_\_.  
(Private Car/Bus)

**And that the trip will be under direction and supervision of one or more adult leaders, sponsors or chaperones approved by the Church. I waive any claim against the Church, and it's approved leaders, sponsors or chaperones.**

*In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin.) In the event I cannot be reached, I hereby give my permission to the licensed physician selected by the adult leader in charge to secure proper treatment, including X-Ray examination, medical or surgical diagnosis, hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult). This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but it is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician.*

**Please list the following if applicable:**

**Medical Insurance Carrier:** \_\_\_\_\_  
(Company Name)

**Policy Holder** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ / \_\_\_\_\_

**Address:** \_\_\_\_\_

**Any Drug or Food Allergies:** \_\_\_\_\_

\_\_\_\_\_  
(signature of parent/guardian) (date) (phone number—Day)

\_\_\_\_\_  
(print name of parent/guardian) (phone number—Night)

**St Michael's Youth Ministry**  
(please complete all forms and return to Youth Minister)