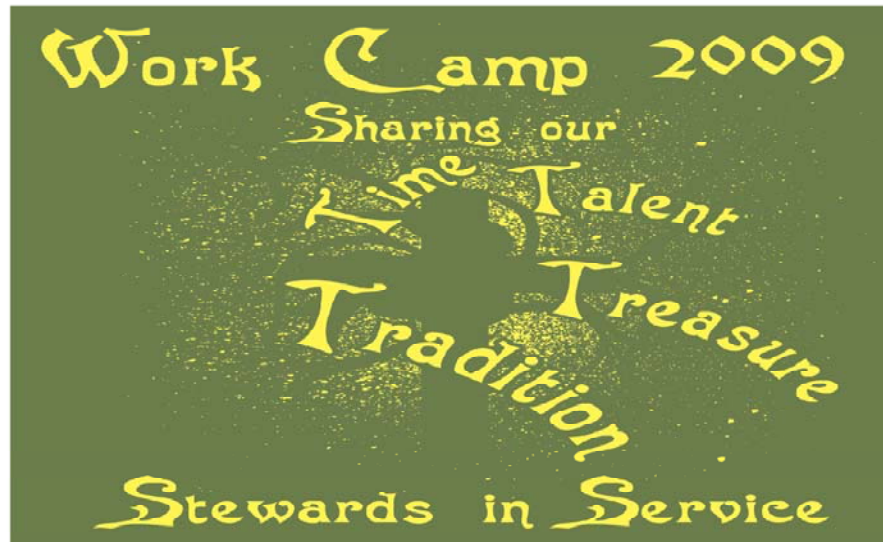


St. John's High School Youth Ministry



June 23 -25*, 2009 - 8:00am until 5:00pm

Hosted each day at the St. John's Youth Room in Madison

Work Camp 2009 is for high school youth in our Catholic Community. We'll begin each day with prayer, work on an area house project helping families in need, share lunch time together, and work and pray some more! We work with our hands, to be the hands of Christ, so as to be good "Stewards in Service"!

****On Thursday June 25th, we'll head to Point Mallard for the evening hours, and return home after the park closes at 9:00pm!***

REGISTRATION: Fill out the attached form (turn in by Sunday 6/19)

COST: \$25 per participant (includes general expenses, T-Shirt, & Point Mallard)

Service Hours: For those who need to meet a service hour commitment, Work Camp will offer students a **maximum of 24 hours** of service credit.

**Diocese of Birmingham in Alabama
Parental/Guardian Consent Form and Liability Waiver**

Participant's Name: _____ Sex _____ Birth Date: _____

Parent(s): _____

Home Address _____ **T-SHIRT:** Please Circle Adult Sm. Med. Lg. XL

City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Cel-Phone: _____

- I, _____ grant permission for my child (name of Child): _____ to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees from St. John's Catholic Church, Madison, Alabama. A brief description of the activity follows:

Date of event/activity:	<u>June 22-25, 2009</u>
Type of event/activity:	<u>Work Camp 2009</u>
Destination of event/activity:	<u>Madison County, Huntsville and Madison City</u>
Individual in charge of and responsible:	<u>Greg Thompson (St. John's) & Kyle Becher (Holy Spirit)</u>
Estimated time of departure and return:	<u>8:00am – 5:00pm</u>
Mode of transportation to and from event:	<u>Volunteer Vehicles to drop and pick up</u>

- *I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.*
- *I do hereby agree to forever indemnify, exonerate, hold harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and their respective successors in office, from all claims, demands, actions, and causes of action arising out of or in any way pertaining to any bodily injury or illness including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of the Indemnities.*
- *This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.*
- *I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person who will have authority to speak for me with respect to the emergency needs of my child.*

Required

Name: _____ Relationship: _____

Emergency Phone: _____

Signature of Parent: _____ Date: _____

(YOU MUST FILL OUT THE INFORMATION ON THE BACK AS WELL!)

MEDICAL INFORMATION

Required

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contact Number: _____

Name of Policy Holder: _____

- 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 is as follows:

Signature: _____

Date: _____

Optional

- No medication of any type, whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____

Date: _____

OTHER INFORMATION

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____

Special Dietary Considerations: _____

Physical Limitations: _____

You should be aware of these special medical or psychological conditions of my child: _____

CODE OF CONDUCT

- I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that this dismissal will require that I provide and or incur any costs for their transportation home from the event.
