

# Camp Wow!

Join us for 4 days of :

- SWIMMING
- CANOEING
- PRAYER
- ARCHERY
- BIBLE STUDY
- CAMPFIRE
- INDOOR GYM AND CLIMBING WALL
- WORSHIP
- HIKING
- SPORTS
- MUSIC
- SKITS
- CRAFTS
- AND SO MUCH MORE!



## CAMP WOW! 2016

What: CAMP WOW!

It's a 4 day, 3 night summer camp for middle school students sponsored by several area parishes

When: Tuesday, June 28th to Friday, July 1st, 2016

Who: Any student currently in grades 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>

Where: Dickson Valley Camp, Newark, IL ( near Plano, IL)

Cost: \$250.00. A \$50.00 non-refundable deposit is required with registration

?s: Call Youth Ministry Office

### How to Register...

Fill out the registration/permission slip and return it with your \$50.00 non-refundable deposit to the Youth Ministry Office beginning immediately.

Checks can be written out to SMM—YM

Balance of \$ 200.00 is due in to the Y M Office no later than May 1<sup>st</sup>.

Spaces will be filled on a first-come, first served basis.

St. Margaret Mary Parish; 111 S. Hubbard St. Algonquin, IL 60102  
847-658-7881

Youth Ministry Liability Release Form

Participant's

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

T-shirt Size (adult sizes) - S M L XL

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

I grant permission for the administration of First Aid to my youth by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery deemed necessary for my child.

Allergic to medication/other? NO YES (circle one)

Medication(s) presently taking:

**Insurance Information**

Policy in the name of:

Policy Number:

Identification /Social Security Number:

Authorized Physician:

Phone Number:

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

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

In case of emergency, contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

**TOTAL COST: \$250.00**

**DEPOSIT: \$50.00 (non-refundable)**

**Amt. Paid: \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_**

**Amt. Due \_\_\_\_\_ by May 2, 2016**

I, \_\_\_\_\_ (Parent Name), give permission for my son/daughter to attend **CAMP WOW 20 June 28-July 1, 2016 at Dickson Valley Camp – Newark, IL**. I hereby release and indemnify my parish, St. Margaret Mary in Algonquin, IL its staff, volunteers and the Diocese of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

**Videotaping and Still Photographs**

Video and still photographs may be taken during this event. This authorization form constitutes permission for my youth's participation in the videotape and or still photographs, which may be used for future promotional efforts, including the Diocese of Rockford website and St. Margaret Mary website.

**Code of Behavior**

As a participant in this event, he or she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/ behavior will not be tolerated.
3. Socializing should always be done in public.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring dismissal, I am responsible for my removal for the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: \_\_\_\_\_

Adult T-shirt Size - S M L XL

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

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