

# 2018 Connolly Summer Camps

Diocese of Baker • \$155 each

## Office Use Only

Date \_\_\_\_\_  
Check \_\_\_\_\_  
Amount \_\_\_\_\_

### Upper El Camp

Grades 4 - 6  
July 12- 15, 2018  
**Deadline: July 6**

### Middle School Camp

Grades 6 - 8  
July 19 - 22, 2018  
**Deadline: July 13**

Check the Box for the Camp you will be attending

## PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ M / F (Circle one) Grade (this fall) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_  
Parish: \_\_\_\_\_ City: \_\_\_\_\_  
Parent Email: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

## CODE OF CONDUCT

1. Youth are not permitted to use or have in their possession, alcohol, tobacco or illegal drugs.
2. Any form of romantic involvement is prohibited.
3. No Profanity or fighting.
4. Stealing, lying, cheating and dishonest conduct are prohibited.
5. Youth will dress modestly and appropriately at all times.
6. Youth are required to attend the entire event.
7. Youth are not permitted to leave an event and return to said event.
8. Youth will follow all rules and regulations of the event.

**If you fail to comply with the Code of Conduct, you will be sent home immediately. Your parents will be called to come and get you at their expense.**

**I have read the above guidelines and agree to act in accordance with them:**

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please turn your registration form and monies into your parish Youth Minister/DRE. Make checks payable to your parish. Parishes will mail to the Diocese all Registration forms and monies.

Youth Minister/DRE/Pastors please mail Registration Form & Fee to:

**Diocese of Baker • Attn: Summer Camps; 641 SW Umatilla Ave • Redmond, OR 97756**

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT  
AND RELEASE OF ALL CLAIMS**

For Youth attending \_\_\_\_\_ (name of event). To be completed by parent/guardian of minor.

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_  
Last First Initial

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Father Cell Phone \_\_\_\_\_ Mother Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
City State Zip Code

**NON-EMERGENCY ILLNESS/INJURY:** Illness or injuries which occur while attending camps at the Diocese of Baker Retreat Center will be addressed according to the Physician's Treatment Procedures. Please contact the Chancery Office to request a copy. There will not be a designated physician available on site or by phone for camps. Camp medical personnel (RN or EMT) will notify parents and call 911 for medical conditions beyond the scope of the protocol and arrange transport as indicated.

Food Allergies/Needs \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Disability/Chronic Illness \_\_\_\_\_

Are there any activities your child should be excluded from for any reason? \_\_\_\_\_

Is child taking medication prescribed by a physician now? Yes \_\_\_\_ No \_\_\_\_ Please list all medications prescribed, the size of dose, and when it is to be taken. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. **All Medication must be given to the Nurse and will be dispensed according to directions and by the Nurse.**

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

**EMERGENCY TREATMENT:** I, as parent or guardian of participant, give my consent for the administration of any emergency treatment deemed necessary by a registered nurse, EMT, licensed physician or dentist; and the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry medical/hospital insurance? No \_\_\_\_ Yes \_\_\_\_ If yes, Please indicate:

Company \_\_\_\_\_ Policy/Group# \_\_\_\_\_

**PROMOTION PERMISSION**

I, \_\_\_\_\_ (parent or legal guardian)  DO  DO NOT (check one) give my permission for above named youth's image to appear on the Diocese of Baker website or in future promotional publications for the Diocese.

**RELEASE OF ALL CLAIMS**

As Parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Baker and its officers, directors, employees, agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate officers, directors and agents of the Diocese of Baker its employees, agents, chaperons or representatives associated with the event 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 Diocese.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_