Summer 2009 Camps

CATHOLIC DIOCESE OF SIOUX FALLS

***Please check the camps you are attending*.**

____	**D-Camp – Junior High**	July 16-19, 2009	Broom Tree Youth Camp (near Irene, SD)
____	**D-Camp – High School**	June 12-15, 2009	Broom Tree Youth Camp

Cancellation Policy

Please be aware of our policies regarding cancellations as follows:

- It sometimes becomes necessary for the Diocese to cancel a scheduled event due to low numbers, weather, or other extenuating circumstances. Please note that every attempt possible will be made to notify you of this cancellation. If the diocese does cancel an event all fees will be fully reimbursed.
- Due to overwhelming demand and the need for advance planning, we require a definite commitment from participants. Therefore, all payments are nonrefundable. Failure to pay by the requested date will result in a forfeiture of your spots so we can accommodate, to the best of our abilities, any over-flow.
- Please be aware that these policies are in place so that we may be as fair as possible to all groups and so that we may prepare adequately for the participants who are able to attend.

OVERNIGHT YOUTH EVENT
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name:____Parish_________________

Address:____

Street/PO Box City/State Zip

Date of Birth: ______________Gender: ❐ Female ❐ Male T-Shirt size _________Grade in School: __________

Parent/Guardian's name:_________________________________ Relationship: ______________________

Home phone:______________ Work phone:_____________School Attending ___________________________

I,________________________________, grant permission for my child, ______________________________

Parent or Guardian's Name Child's Name

to participate in the camp experience(s) marked above during the corresponding dates of the activity and at the location listed above, understanding that if said event requires transportation to a location away from the parish site, such activity will take place under the guidance and direction of event employees.

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, and our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Sioux Falls, the sponsoring organizations, and the hosting organizations, their officers, directors and agents, chaperones, and representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Catholic Diocese of Sioux Falls, chaperones, and representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature:____Date:_____________________________

Parent or Guardian's Name

Complete Both Sides of This Form and Mail with the appropriate payment to:

Esther Deutsch, 1700 8th St. S, Brookings SD 57006

If you have any questions, please call Esther at (605) 692-4361, or email esther@stmbrookings.org

Medical Health: I hereby warrant that to the best of my knowledge, my child, the above named "participant", is in good health, and I assume all responsibility for the health of my child.

Signature:____Date:_____________________________________

Parent or Guardian's Name

In the following information boxes containing statements pertaining to medical health, sign only those which are applicable to the participant.

Emergency Medical Treatment*:* In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers previously given for the parent/guardian, contact:

Name & Relationship to participant:____ Phone:______________________

Family Doctor:____ Phone:______________________

Health Plan Carrier:____ Policy #:___________________________

Signature:____ Date:______________________________

Parent or Guardian's Name

Medication*:*

- 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, are as follows:____
____

Signature: ____ Date:______________________________

Parent or Guardian's Name

- 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:______________________________

Parent or Guardian's Name

- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed by camp staff to be necessary and appropriate.

Signature:____ Date:______________________________

Parent or Guardian's Name

Specific Medical Information*:* *Reasonable care will be taken to see that the following information is held in confidence.*

Allergic reactions (medications, foods, plants, insects, etc.):____

Immunizations: Date of last tetanus/diphtheria immunization: ____

Does the child have a medically prescribed diet?____

Any physical limitations?____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting______________________
____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:____

Other special medical conditions:____
____

**** PLEASE COMPLETE BOTH SIDES OF THIS FORM ****