



Registration Form 2020 Work Camp

June 28th – July 04th, 2020, Charlotte, NC

Please complete registration form and submit a \$75 non-refundable deposit (or full payment of \$250) to Rebecca Grant Jenkins, Youth & Young Adult Minister, rgrantjenkins@olqpva.org. **Your spot will not be reserved until the completed registration form AND deposit are received.**

YOUTH INFORMATION

Name: _____ First Name for Nametag: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

Gender: _____ Birthday: _____ Adult T-Shirt Size: _____

Grade (2020 - 21): _____ (*participant must have completed 9th grade to attend)

Please check if you would like a special menu: Vegetarian Gluten-free Peanut-free

PARENT / GUARDIAN INFORMATION

Name: _____

(Parent/Guardian) (Parent/Guardian)

Cell Phone: _____

(Parent/Guardian) (Parent/Guardian)

Email: _____

(Parent/Guardian) (Parent/Guardian)

EMERGENCY CONTACT INFORMATION

Name _____

Contact Number _____

Relationship to Child _____

YOUTH PARTICIPANT SKILLS AND EXPERIENCE

There is no need to be experienced with home improvement to be a youth participant at Work Camp. However, if you have any home improvement skills and experience please list below.

Example: Painting – have painted several interior spaces,
Familiar with basic tools such as hammers, screwdrivers, sanders, and ladders

Experience: _____

YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet. Each participant is expected to adhere to the following principles while at the Diocesan Work Camp.

SHOW LOVE AND RESPECT FOR GOD:

- Pray daily for self and others.
- Participate in opportunities to receive the Sacraments.
- Participate in the sessions, activities, and prayer experiences.
- Be open, flexible, and have a servant's attitude.
- Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

- You will represent yourself, your family and Our Lady Queen of Peace accordingly.
- No alcohol, drugs, or smoking will be tolerated during the week.
- Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, low cut tops, or guys without shirts are not permitted during the week.
- Any music you bring and listen to should not contain inappropriate or explicit lyrics .
- Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.

SHOW LOVE AND RESPECT FOR OTHERS:

- All words and actions should be those of Christ to build up others and not injure.
- Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- Be safe. No horseplay or other potentially harmful actions. Leave pocket knives, lighters, or other hazardous materials at home.
- No teenagers are allowed to drive to or from or during the Work Camp due to liabilities.
- Under no circumstances can a youth be in the room or hall of a member of the opposite sex.
- Allow others to sleep. "Lights Out" means that it is time to go to sleep. Do not be in the showers or halls after "Lights Out".
- No outside or unregistered visitors at Work Camp will be permitted.
- The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Don't bring food or drinks to the rooms and pick up trash if you see it.

OTHER INFORMATION:

Any damages caused by the participant will be charged to the participant.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the Catholic Heart Work Camp and participants will forfeit their registration fee and parents will be required to pick up their participant from the work camp.

Youth Signature: _____

Date: _____

Printed Name: _____

Parish: _____

Parent Signature: _____

Date: _____

Printed Name: _____

Work Camp Medical Information and Release Form *All information is kept private and confidential*

Name of Participant: _____

MEDICAL INFORMATION

In many cases, our Work Camp team is not familiar with the medical, physical, and/or emotional history of each participant. Since this participant will be participating in a weekend retreat, it is essential that ANY information relating to the participant is shared in detail. BE AS SPECIFIC AS POSSIBLE.

Is the participant allergic to anything?
 YES NO

List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):

Is the participant currently taking or has taken any prescription medication in the last 6 months?
 YES NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any emotional, physical or sensory conditions?
 YES NO

List any emotional conditions that may impact participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.

 List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

Has the participant received a tetanus shot?
 YES NO

List the date of the last tetanus shot:

RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Charlotte, its employees and 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 the Diocese, its employees and agents and 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.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any 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 above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Charlotte responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related to any Diocesan event to have their pictures posted in the Our Lady Queen of Peace, Catholic Heart Work Camp, Diocese of Charlotte/Arlington publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, permission is assumed.*

YES NO Parent/Guardian Signature: _____ Date: _____

Permission to Give Over-the-Counter Medications

If it should become necessary, I hereby give permissions to the Work Camp first aid staff/OLQP

Adult volunteers to administer the following non-prescription medications to:

(youth name) _____.

Acetaminophen (ex. Tylenol)	Yes _____	No _____	Other: _____
Antacid (ex. Tums)	Yes _____	No _____	Other: _____
Sudafed	Yes _____	No _____	Other: _____
Benadryl (for allergies)	Yes _____	No _____	Other: _____
Ibuprofen (ex. Advil)	Yes _____	No _____	Other: _____
Naproxen (ex. Aleve)	Yes _____	No _____	Other: _____
Antibiotic Ointment (ex: Neosporin)	Yes _____	No _____	Other: _____
Hydrocortisone Cream (ex: Cortaid)	Yes _____	No _____	Other: _____

My child will be bringing the following medications with him/her: (Please list the medication name and instructions for use. Prescribed medications must be in their original container bearing all prescription information.)

Signature of Parent/Guardian: _____ **Date:** _____