

**FOR CURRENT
6TH - 8TH GRADERS**

**AT BIG SANDY CAMP
AND RETREAT CENTER
MCGREGOR, MN**

**EXTREME
FAITH
CAMP
2020**

JUNE 29TH - JULY 3RD 2020

SPACE IS LIMITED. REGISTER TODAY!

Frequently Asked Questions

What is Extreme Faith Camp?

Extreme Faith Camp is a week-long camp for students currently in 6th – 8th Grade. It is a life-changing experience where we encounter Christ through the power of the Sacraments, daily Mass, challenging talks, and small group sharing. Throughout the week students will also get to participate in camp activities like archery, swimming, 9-square, zipline, rock wall climbing, and wacky Olympics. We are partnering with six other parishes from the Archdiocese of St. Paul and Minneapolis to put on this amazing week of camp for 300 students.

Where do the students sleep?

Students sleep in the cabins at Big Sandy Camp, generally 8 teens in a cabin with at least one high school leader. Cabins are clean, and up to date because the camp is in use year-round. High school leader that are 18 years of age sleep in rooms separate from middle school students. Big Sandy's cabins consist of bunk beds, a bathroom, and a shower.

What if my student has an allergy?

Extreme Faith Camp leadership and the Camp hosts do everything they can to accommodate those with food allergies. Students are required to bring any allergy medication they may need to camp (epipens, Benadryl, etc.) in case they were to have a reaction.

How much does it cost?

Extreme Faith Camp costs \$400 for students which covers camp fees, food, transportation to and from camp, t-shirt, and lodging. We try and keep the cost as low as we can while still allowing enough compensation to carry out a successful and impactful camp! Pricing will increase as we approach camp. If money is a concern for attending camp, please talk to your parish camp coordinator.

What is a chaperone's role?

Chaperone's work alongside of the Youth Minister's to make sure camp runs as smoothly as possible during the week. All the heavy lifting and planning has been done months in advance, but chaperones are a key element in making the week a success and bring Jesus Christ to the campers. Please consider being a chaperone for this this amazing week!

Is the camp "safe"?

Extreme Faith Camp is Extremely fun while also being Extremely safe. All the activities are run by trained adults on Big Sandy Camp Staff while also being under supervision of parish youth ministers and chaperones. Extreme Faith Camp takes your child's safety into consideration first and foremost so that none of the activities put your child's safety in danger. Though encouraged, students are not forced to participate in any of the activities. If there are activities that your child is intimidated by, they will be able to participate as they see fit and comfortable. Every camp also has a designated Camp Nurse to help with any incidents should they arise.

Questions? Contact Elliut Fonseca at efonseca@hnoj.org or 763-746-8195

Extreme Faith Camp 2020 PARTICIPANT Registration

HOLY NAME OF JESUS | 155 County Road 24 Wayzata, MN 55391

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____

Birth Date: _____ Male Female Grade: _____ School: _____

Parent/Guardian Name(s): _____

Home Address: _____ City: _____ ZipCode: _____

Home Phone: _____ Parent Cell/Office: _____

Home Phone: _____ Parent Cell/Office: _____

Teen Cell: _____ HNOJ has permission to call/text my child about YM events & info.

Parent E-mail: _____ Teen E-mail: _____

T-Shirt Size (Please check size): XS S M L XL XXL *(please note these are adult sizes)*

Sweatshirt Order (Please check size): XS S M L XL XXL
(please note these are adult sizes and are an additional \$40. Price will go up while at camp.)

Type/Date of event: Extreme Faith Camp; June 29—July 3, 2020

Event Leader: Elliut Fonseca, efonseca@hnoj.org, 763-746-8195

Location/Transportation: Big Sandy Camp—McGregor, MN | School Bus, Professional School Bus Drivers

Drop Off: June 29, 2020; 8am at **St. Vincent de Paul Catholic Church:** 9100 93rd Ave N, Brooklyn Park, MN 55445

Pick Up: July 3, 2020; 4pm at **St. Vincent de Paul Catholic Church:** 9100 93rd Ave N, Brooklyn Park, MN 55445

Cost of Event: \$400 before Jan. 16; \$430 before March 1; \$475 after March 2 *(\$100 deposit required w registration, final balance due June 1)*

All Registrations Due: Friday, May 1, 2020

I, _____, grant permission for _____
(Parent or Guardian's Name) (Participant's Name)

To participate in the above name activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Holy Name of Jesus and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

I also hereby waive and release the named church and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts or omissions by the church, Archdiocese or their agents with regard to any injuries or damages incurred by my child during the ordinary course of the event/activity. This release and waiver shall not apply to claims that may arise from intentional acts.

*Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

**If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the above stated individual in charge to receive a version of this form that does not include the previous clause; however, some events/activities may require this clause.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. **In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

_____ at _____
(Name) (Phone Number)

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Allergies: _____

Family Health Plan Carrier Number: _____

Family Doctor: _____ Phone Number: _____

As a parent or guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

Cash/Check/Charge VS/MC/AE Date: _____ Paid: _____ #: _____

Name & Address: _____

Card #: _____ Exp: _____ Code: _____

Signature if paying by card: _____

MEDICAL MATTERS

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. (Of the following statements pertaining to medical matters, > **sign only those that are applicable.**)

> **Medical Treatment:** In the event it comes to the attention of *Holy Name of Jesus* or its officers, directors and agents, and the Archdiocese of St Paul & Minneapolis, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

> **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 indicated on attached **Prescription Drug & Medical Authorization Form.**

Signature: _____ Date: _____

> **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: _____

> **Non-Prescription Medication:** I hereby grant permission for **non-prescription medication** (such as non-asprin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

****Specific Medical Information:** *Holy Name of Jesus* will take reasonable care to see that the following information will be held in confidence:

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

Immunizations: Date of last tetanus/diphtheria immunization _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions? (such as mumps, measles, chickenpox, etc?) **IF SO**, date and disease or condition: _____

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

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *Holy Name of Jesus* in this event sponsored by *Holy Name of Jesus*.

Please Read and Sign

I, _____, **WILL:**
(Printed name of Participant)

- > Treat all other persons with respect and not cause any intentional harm (physically, emotionally or spiritually) to any person in any way
- > Respect the property of others, including all program facilities and property.
- > Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to: chaperones, support staff, transportation personnel and administration.
- > Be on time for all check-ins and departure time.
- > Not have in my possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, *Holy Name of Jesus*, can send the participant home at the participant/guardian's expense.

Youth Participant Signature Date

Parent/Guardian Signature Date

HOLY NAME OF JESUS CHURCH

PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS

(USE THIS FORM ONLY IF MEDICATION IS TO BE GIVEN BY CHAPERONS DURING THE EVENT)

Any prescription or over-the-counter medicine must be in the original, labeled container.

THE FOLLOWING INFORMATION MUST BE COMPLETED BEFORE MEDICINE IS GIVEN.

Student Name: _____

Name of Prescription/Medicine: _____

Prescribing Dosage: _____

Prescribing Doctor: _____

Amount of Dosage: _____

Times to be Given: _____

Duration of Prescription: _____

I, _____, hereby authorize the Adult Chaperones to dispense
Parent/Guardian

medicine to _____ as directed above.
Student

Signature of Parent/Guardian

Date