

# Summer Vocation Camp Registration Form 2019

- Cost per participant per camp: High School Overnight – \$50.00 | Middle School Day Camp – \$10.00
- Please make checks payable to: **Archdiocese of Milwaukee Vocation Office.**
- Payment for camps and registration/permission forms (4pgs.) are due one week prior to camp start date.
- Please mail completed forms and check to:

St. Francis de Sales seminary  
c/o Vocation Office  
3257 S. Lake Drive  
St. Francis, WI 53235

- Questions? Please email [ehgart@sf.edu](mailto:ehgart@sf.edu), [whudson@sf.edu](mailto:whudson@sf.edu), or call 414.747.6437

**Please circle the camp(s) that your son will be attending below:**

High School Overnight Camp: June 16 – 19, 2019

Middle School Day Camp: June 15, 2019

Middle School Day Camp: July 25, 2019

## Camp Attendee:

Name:

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Home# (and/or Cell Phone#):

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Email Address:

## Parent(s):

Name (for both Mr. & Mrs.):

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Home Phone# and Cell Phone # (for Mr. & Mrs.)

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Email Address (for both Mr. & Mrs.):

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**PARENT/LEGAL GUARDIAN  
PERMISSION AND INDEMNITY AGREEMENT  
Vocation Summer Camp Registration 2019**

Location of Camp(s): St. Francis de Sales Seminary

Supervisor of Event: Fr. Luke Strand

Type of Event: Vocation Camp

Date(s) \_\_\_\_\_ Camp(s) Title: \_\_\_\_\_

Method of Transportation: Participant and parents to provide

Name of Son/ Ward: \_\_\_\_\_

Parish/School: \_\_\_\_\_ Grade: \_\_\_\_\_

I consent to the participation of my SON /WARD in the above named ACTIVITY.

In consideration for my SON /WARD's participation, I agree to reimburse and indemnify **St. Francis de Sales Seminary** (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by **St. Francis de Sales Seminary** in defending a lawsuit that I or my SON /WARD may bring against **St. Francis de Sales Seminary** which relates to the above named ACTIVITY if St. Francis de Sales Seminary is found not legally liable by the courts and prevails in the lawsuit. If **St. Francis de Sales Seminary** is found legally liable for injuries sustained by SON/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my SON/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of **St. Francis de Sales Seminary** to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

PARENT/GUARDIAN'S NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***OPTIONAL: If different from above or reverse side:***

OTHER PARENT/GUARDIAN'S NAME: \_\_\_\_\_

OTHER HOME ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**MEDICAL RELEASE FORM**

**St. Francis de Sales Seminary does not provide health or accident insurance for retreat participants. Parent/Guardian will be responsible for any medical treatment.**

PARTICIPANT'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant 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 IN ACCORDANCE WITH YOUR WISHES.

**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 above numbers, contact:

NAME & RELATIONSHIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE:(\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of DESIGNATED SUPERVISOR or staff that SON/WARD becomes ill with symptoms of headache, vomiting, sore throat, fever, or diarrhea, I DO want to be called.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medications:** SON/WARD is taking medications at present and will bring the medication in the original container, **and only the number of doses necessary for the duration of this activity.** I give permission for SON/WARD to take this medication on his/her own. The dosage and frequency of dosage is as follows:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Over-the counter medication:** Any over-the-counter medication, such as: aspirin, ibuprofen, Tylenol, cough drops, etc must come from home. No over-the-counter medications will be dispensed to SON/WARD.

**Specific Medical Information:** St. Francis de Sales Seminary will take reasonable care to see that the following information is held in confidence.

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

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations or health concerns? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

\_\_\_\_\_



## Photography & Video Consent and Authorization Form

I, (parent/legal guardian) \_\_\_\_\_ ,  
(please type or print name)

hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by

\_\_\_\_\_  
(please type or print school's name)

parish/school and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of

\_\_\_\_\_  
(please enter school name and/or promotional event/function)

parish/school and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization and other communication efforts.

I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

***Please Print Clearly***

\_\_\_\_\_  
Name of Parent/  
Legal Guardian: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Telephone: home: ( ) - \_\_\_\_\_ alt: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature of Parent/  
Legal Guardian: \_\_\_\_\_

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

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_