

Camp Maccabee 2018 Staff Application

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ circle one (cell) (landline) Age _____

Email _____ FB _____

Parish _____ Diocese _____

Sessions (circle all that apply) Session 15 (june 24-29) Session 16 (july 22-27)

Session 17 (July 29-August 3)

Have you done Virtus/Protecting God's Children? _____

Health Conditions _____ Dietary allergies/needs _____

Medications _____

T-Shirt size: Small _____ Medium _____ Large _____ XL _____ XXL _____ XXXL _____

Have you helped with Camp Maccabee before?

Did you attend Camp Maccabee as a teen?

Signature & date _____

Print name _____

Please mail to Camp Maccabee 322 7th ST. Boonville Mo 65233

Diocese of Jefferson City

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT (Transportation Provided)

please PRINT legibly

Youth Participant's Name: _____ Date of Birth: _____

Address _____ City/State/Zip _____

Home Phone: _____ Male Female (←please circle→) T-Shirt Size: S M L XL XXL XXXL

Parent/Guardian's Name: _____ Cell Phone: _____ Work Phone: _____

Other number where Parent/Guardian can be reached during event: _____

Emergency Contact Name: _____ Phone: _____

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age & individuals age 18 or older who are in high school. Individuals age 18 or older and still in high school must also complete and submit a ADULT MEDICAL RELEASE AND LIABILITY WAIVER as well.

I, as parent or guardian of my child, do hereby agree to allow my child to participate in the event/ activity:

Event & Location: _____

Date & Time: _____

Method of Transportation: _____

I acknowledge receipt of the attached information sheet describing the planned event/activity.

I acknowledge that _____ is providing transportation to and from the event/ activity. I acknowledge and assume the risk of this transportation for my child. My child must comply with the parish's rules and procedures. In consideration of the parish allowing my child to participate in the event/activity, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, the Diocese of Jefferson City, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action and claims arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the event/activity, including transporting my child to and from the event/activity.

Parent/Guardian Signature _____

Date _____

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian's expense.

Youth Participant's Signature _____

Date _____

VIDEO/PHOTOGRAPHY CONSENT

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry &/or the Diocese of Jefferson City. (Participants would not be identified, however, without specific written consent.) Please note that the Parish has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

I hereby expressly assign to the Diocese of Jefferson City, and to all it's agents all the rights, title and interest in, and to all photos/ videotape recordings made by such in which my child appears and/or his/her voice is used in and in connection with the videotaping of this event. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs/videotape recordings.

Parent/Guardian Signature _____

Date _____

Camp Maccabee

ASSUMPTION OF RISK AND RELEASE AGREEMENT

Location: **344 Holly Oaks Ln, Camdenton, MO 65020**

Start Date: [_____]

End Date: [_____]

I/We, the undersigned, the parent(s) or legal guardian(s) of _____ (“Student”) do hereby consent to Student’s participation in Camp Maccabee (“Activity”).

I am/We are fully aware of the risks and hazards connected with the Activity, which I/we understand could lead to bodily injury to Student and/or, among other things, loss or damage to Student’s property. In consideration for allowing Student to participate in the Activity, I/we hereby release, discharge and hold harmless _____ **[name of Parish]**, the Diocese of Jefferson City, Mike and Val McGrath, and its and their affiliates, employees, volunteers and agents (hereinafter referred to as “Releasees”) from any and all liability to Student, for any and all injury, loss or damage, and any claim or damages resulting therefrom, on account of any injury to Student’s person and on account of any injury to Student’s property, whether caused by the negligence of Releasees or otherwise while Student is participating in any manner in the Activity or on route to or from the destination where the Activity is being conducted. In the event that any action or claim is brought against any Releasees related to the Activity and Student’s participation therein, I further agree to indemnify any and all Releasees from all of their damages and costs, including attorney’s fees resulting from such action or claim.

I/We give permission to the Parish and the Diocese to publish, reproduce and display photographic images, video images and/or audio recordings of Student’s participation in the Activity for use in all media, electronic or otherwise, in connection with their publications, advertisements and/or web pages.

In case of medical emergency, I/we, the undersigned, do hereby request and consent to examination and treatment of Student by any duly licensed medical professional or health care facility, and further accept full financial responsibility for charges for same, including ambulance charges.

IN SIGNING THIS ASSUMPTION OF RISK AND RELEASE AGREEMENT, I/WE ACKNOWLEDGE AND REPRESENT THAT I/WE HAVE READ THE FOREGOING AGREEMENT, understand all its provisions, and sign it voluntarily as my/our own free act and deed. I/We warrant that no oral representations, statements, or inducements apart from the foregoing written agreement, have been made.

Date

Parent/Guardian

Date

Parent/Guardian

Parent/Guardian Information

Name _____

Relationship _____

Home number _____

Cell phone _____

Emergency Contact Information

Name _____

Relationship _____

Phone _____

Name any allergies, health conditions or medications taken on a regular basis:

Items you will need for Camp Maccabee

Clothing:

You will need shorts, swimming trunks, underwear, socks, and appropriate t-shirts. Be sure to bring enough for 5 days. Remember that some of the clothing will get wet (float trip), stained (paint ball and warrior dash). Please plan ahead for this.

Appropriate: shirts with sports logos, shirts with religious sayings, plain shirts. A camp shirt will be given to you. We highly recommend an athletic cup for the paintball. All other gear is provided for.

Inappropriate: shirts with sexual innuendo, sarcasm, and demeaning sayings. While shirts with cut off sleeves, tank tops, muscle shirts, are fine for outdoor activities, we ask that you do not wear them into chapel events. Shorts should be without rips, holes and wear patches.

Shoes: We recommend a pair of athletic shoes, a pair of shoes for water events, and a pair of shoes with good treads for the warrior dash which you do not mind getting muddy.

Toiletries:

You will need soap, shampoo, deodorant, toothbrush/paste, and any other personal hygiene products. You will not need DEET/bug spray, sunblock, and most over the counter medications, as these will be provided for by the camp. All prescriptions will be given to Fr Bill upon arrival at the Camp. These will be dispensed as directed. Epipens will go where we go at all times.

Other:

You will need a sleeping bag and pillow and towels. While on the St Robert campus, an air mattress will be provided. You will need the sleeping bag for our two off campus nights. Tents will be provided. If you do not have a sleeping bag, please indicate this on the agreement you signed. We have a few new sleeping bags we would be happy to lend you for the week.

You will not need dress clothes, money or anything mentioned as contraband in sections A and B of the behavior agreement. All events for this camp are covered by the camp. All food and drink will be provided by the camp. Just bring the above items and a good attitude.

* The ban on cell phones, especially smart phones, stems from the fact the photos can be taken and the net can be accessed. To prevent anything inappropriate or even illegal from being accessed or photographed, we ask that such devices be left home or surrendered to Fr Bill upon arrival. Because your child may not do this does not mean that no other camper will not seize the device and do something with it. There will be no exceptions to this.

If you are 16 years old or older at the time of the camp, you will need a fishing license