

Summer Service Camp

What: A four day service camp including prayer, sacraments, Catholic teaching, and service to one another and local organizations - all rooted in love. *Teens will be challenged to live less comfortably than they may be accustomed to living, which may include new foods and limited access to cell phones*

Who: Rising 9th-recently graduated 12th grade teens from All Saints and St. Philip Neri Youth Groups

Location: The Oratory, 434 Charlotte Ave, Rock Hill, SC

Cost: \$50 and donations of one container of baby formula and two colorfully patterned full size pillow cases (*no cartoons or sports teams on the pillow cases. This cost covers meals, lodging, and t-shirt*)

When: June 17-20, 2019



Space is limited to 5 boys and 5 girls from each Parish, so sign up ASAP to reserve your spot!

Permission forms and money are due June 2

Please do not let financial concerns keep your teen from this retreat, contact Julie for scholarships

Parents and families are invited to join in our time of celebration, dinner, and worship on Thursday June 20 at 6:15 pm at the Oratory!

'Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me.'

Matthew 25:40



Julie Hall, Director of Youth Ministry

Email: allsaintsyouth16@gmail.com

Parish Phone: 803-831-9095 Cell Phone: 803-627-5491

Parent/Guardian Permission and Liability Waiver

Description of Activity/Event: Summer Service Camp 2019

Date(s): June 17-20, 2019

Type of Event: Service Camp

Arrival/Departure Time: Teens should arrive to the Oratory to the St. John XXIII building at 11:00 am on Monday, June 17. Pick up is at the St. John XXIII on Thursday, June 20 at 8:30 pm.

ER Phone Number: Julie: 803-627-5491 Tayler: 717-609-6256

Destination: The Rock Hill Oratory, 434 Charlotte Ave, Rock Hill, SC

Individual In Charge: Julie Hall and Tayler Howie

Mode of Transportation: Parents are responsible for drop off to the Oratory; approved adult chaperones will provide any additional transportation. Parents will be told who all adult chaperones are closer to the retreat.

Participant Information:

Participant's Name: _____

Birth Date: _____ Age: _____ Gender: _____ Grade: _____

Parent/Guardian's Name _____

Full Address: _____

Home Phone: () _____ Business Phone: () _____

Parent Email: _____

Adult Shirt Size: _____ S _____ M _____ L _____ XL _____ 2X _____ 3X

Permission to Participate:

I, _____, attest that I am the parent or legal guardian of this participant,

Parent or Guardian's Name

and I grant permission for my child, _____ to participate

Child's Name

in this parish youth ministry event, which requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Parish employees and/or volunteers from All Saints and St. Philip Neri Catholic Churches, the Rock Hill Oratory.

Hold Harmless Agreement:

As parent/legal guardian, I agree to be legally responsible for any personal actions taken by my son/daughter named above. In the event of a serious violation of the rules of conduct, I understand that he/she may be sent home at my expense, but you will be notified and logistics discussed with you in advance.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors and assigns to indemnify, hold harmless and defend All Saints and St. Philip Neri Catholic Churches, the Rock Hill Oratory and the Diocese of Charleston, their officers, directors and agents (collectively, the "Diocesan Parties") from any liability for illness, injury or death arising from or in connection with my son/daughter attending the above named activity/event, except that such obligations shall not apply in the event of the gross negligence or intentional acts of the Diocesan Parties.

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

Permission To Be Photographed:

I give my permission for my child, _____, to be photographed at this event and understand that the photographs may be used for publicity, etc. _____ Yes _____ No

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

MEDICAL CONSENT AND PERMISSION TO TREAT

Release of Information:

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 an emergency, I give permission to transport my child to a hospital or emergency treatment facility. I wish to be advised prior to any further treatment by the medical professionals, but I do not want treatment to be withheld if neither I nor any emergency contact I have named below can be located and the injury is life-threatening or the failure to provide treatment is likely to result in permanent injury.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my child becomes ill or injured.

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

Insurance Information:

Insurance Carrier: _____ Policy Number: _____

Emergency Contact Information:

Parent/Guardian's Name: _____

Full Address: _____

Home Phone: () _____ Business Phone () _____

If you are unable to reach me, please contact:

Name: _____ Phone: () _____

Relationship to me or my son/daughter: _____

Medical History:

My son/daughter is under the care of a medical provider. _____ Yes _____ No

Provider Name: _____ Phone Number: () _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled and/or in the original container. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: _____

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) To be given to my child if necessary. _____ Yes _____ No

My son/daughter is allergic to the following: _____

My son/daughter's immunizations are current and up to date _____ Yes _____ No

My son/daughter has the following limitations: _____

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. _____ Yes _____ No

Please explain: _____

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

Side two of two