

**TWO WAYS
TO REGISTER:**

1 Register at shvcamps.com, then send this form and payment of \$50 to camp with your child.

2 Or mail this form and payment to: Diocese of Shreveport Vocation Office 3500 Fairfield Ave., Shreveport, LA 71104

2017 SUMMER CAMP REGISTRATION

- BeLoved for Teen Girls:** July 13-16, 2017.
- Mission Possible for Teen Boys:** July 16-20, 2017

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ PHONE _____

PARENT OR GUARDIAN EMAIL _____

CHURCH PARISH _____

Shirt size: Small Medium Large X-Large

**EVENT PERMISSION
& MEDICAL INFORMATION**

I. A church- sponsored event is planned:

by the Diocese of Shreveport Vocation Office
To: King's Camp, Mer Rouge, LA

Departure & Return Details: See www.shvcamps.com

Transportation Plans: Please provide your own transportation to and from the camp. Alternatively, bus transportation is provided from Shreveport; see www.shvcamps.com.

Overnight Accommodations: Large bunkhouses designed for student campers.

Purpose of Event: To build the Catholic faith of participants and engage in fun outdoor activities.

Specific Activities Involved: Swimming, canoing, ropes course, Mass, prayer, talks by priests, sisters, seminarians.

Cost of Event, other specifics: \$50, payable on arrival.

Adult Leaders: Fr. Matthew Long, Sr. Fatima, and several other adult chaperones.

II. I/We request that our child

(name) _____

participate in the youth event outlined above.

III. I/We hereby waive, release and forever discharge any and all claims against the Diocese of Shreveport their council, staff, or volunteers (hereinafter collectively "the Diocese") for damages and/or injuries to or of my child listed in paragraph 2, above, which may arise from the participation in this activity; provided, however, that this release does not apply to claims for gross negligence or intentional wrongdoing of the Diocese.

IV. I/We recognize that the Diocese is a nonprofit institution

and that limiting its liability for accidents helps to keeps down its costs of operations, and thus helps make it possible for trips of this kind to take place. Therefore. I/we have agreed not to sue in the event of an accident and/or injury involving my/our child. I retain the right to sue in the event my/our child is injured as a result of intentional wrongdoing or gross negligence on the part of the Diocese.

V. Indicate any activities in which you DO NOT wish your child to be involved during this event:

VI. Indicate any allergies or illness your child may have (attach additional pages if needed):

VII. Medications (prescribed) your child will bring to the event. (All medications must be well labeled with name of child, name of medication, dosage, and frequency.)

VIII. I/We hereby grant permission to any staff person to provide the following over-the-counter drugs to my child if requested by my child while in their care. (Circle all that apply)

Tylenol Ibuprofen Benedryl Advil Sudafed
Kaopectate Neosporin Pepto Bismal Imodium AD

IX. Parent or Guardian contact

Name _____

Relationship to Participant _____

Home Address _____

Home or Work Phone _____

Mobile Phone _____

Alternate Contact Person (If parent/guardian cannot be contacted)

Name _____

Relationship to Participant _____

Home Address _____

Home or Work Phone _____

Mobile Phone _____

X. Emergency Medical Treatment

This is to confirm that the Diocese of Shreveport has my full and complete permission to seek and obtain medical attention for my child in the event of any accident or illness which may occur, including the authorization to consent to emergency medical care, if required. I understand that reasonable efforts will be made to advise parents/guardians of their child's condition prior to any treatment. This is to confirm that I release the Diocese of Shreveport from any and all liability due to seeking medical attention.

Signature of Parent/Guardian

Date