**2018 Middle School**

**Mini-Camp**

 For students entering grades 6-9 in Fall 2018

# July 16-20, 2018

# **FIVE** DAYS OF FAITH, FUN, AND FRIENDS

|  |  |
| --- | --- |
| **Monday: SandySpring Adventure Park (8:30-4:30)** |  |
| **Tuesday: Cascade Lake (8:30AM - 4:30PM)****Wednesday: Guppy Gulch (8:30AM - 6:00PM)****Thursday: River Trail Outfitters (8:30AM – 5PM)****Friday: Hershey Park (7:30AM - 11PM)** |  |
|  |  |

**Participant Fee**

includes activities, lunch daily, admission to venues, transportation, and camp t-shirt.
🡪New this year: Groups will be random much of the time in order to encourage community-building and new friendships. Requests to be placed with one or two friends will be fulfilled as possible.

$340 early discount if paid by March 31, 2018,

$375 April 1st and beyond.

**For students entering grades 10-12 in Fall 2018**

Please request a Peer Minister Application and complete it before turning it in with the $165 fee. The Peer Minister to participant ratio will be 1:7 with a maximum of 20.

**For adults**

Please see bottom of registration form for volunteer opportunities. All volunteers must comply with the Archdiocese of Baltimore child protection program, Virtus (formerly Shield the Vulnerable). Chaperones will be notified in writing to confirm dates. Adults who chaperone Monday, Tuesday, Wednesday or Thursday will be given first call for Hershey Park.

Thank you for your willingness to minister to our youth.

**Checks payable to: St. Michael Mini Camp**

 **1125 St Michael’s Road, Mt Airy, MD 21771**

For more information, email jweber@smpschurch.org or call 240-437-3671.

**Middle School Mini-Camp 2018**

**St. Michael Permission and Release Form**

|  |  |
| --- | --- |
| **Youth Name:** | **Home Phone #:****Mom Cell # Name**  |
| **Parent(s) Name:** | **Dad Cell # Name** |
| **Address:** | **T-Shirt Size:****Youth S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_** **Adult S\_\_\_\_\_ M\_\_\_\_\_\_ L\_\_\_\_\_\_\_ XL\_\_\_\_\_XXL\_\_\_\_\_** |
| **City/State/Zip:** | **Parent email** |
| **Youth’s Date of Birth: Youth’s Grade this fall:** | **Youth’s Gender: (circle one)**  **male female** |

**PLEASE PRINT CLEARLY AND FILL OUT ALL INFORMATION**

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry group of St. Michael Parish to:

# **Mini-camp at St. Michael: Hershey Park, Cascade Lake, Guppy Gulch Waterpark, Sandy Spring Adventure Park, and River Trail Outfitters.**

# July 16-20, 2018

I/we acknowledge receipt of the attached information sheet describing the planned activities \_\_\_\_initials

I acknowledge and will complete the venue/activity waivers for Guppy Gulch and River Trail Outfitters on paper, plus the waiver for Sandy Spring Adventure Park online (tbd).\_\_\_\_initials

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Michael Parish, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants, and employees from any liability, claims, demands, and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter’s participation in the Program, unless caused by or due to the negligence of either the Corporation their agents, servants or employees.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following)

\_\_\_\_\_ I am covered by hospitalization and medical insurance under policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Issued by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter (or their generic equivalents) drugs to my son/daughter if requested by my son/daughter. (Check all that apply)

\_\_\_\_ Tylenol \_\_\_ Benadryl \_\_ Advil \_\_ Sudafed \_\_ Midol \_\_ Kaopectate \_\_\_ Neosporin \_\_\_Claritin

Current medications, allergies, recent illnesses, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/guardians of participants are advised that photographs or video recordings of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore and St. Michael Parish. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division, Archdiocese, and Parish have no control over the use of photographs or film taken by the media that may be covering the event in which your child(ren) participate(s).

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 Date Parent/Guardian Signature

I am available to chaperone on: Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_\_\_(Hershey until 11 pm).

Chaperone Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Yes, I have completed and received a certificate of Virtus training completion for the protection of children and youth.

\_\_\_\_\_ No, I will initiate Virtus training through www.virtus.org.