**Peer** **Minister Mini-Camp 2018**

**St. Michael Permission and Release Form**

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| --- | --- |
| **Youth Name:** | **Home Phone #:****Mom Cell Phone #:** **Dad Cell Phone #:** |
| **Parent(s) Name:** | **Peer Minister Cell #** |
| **Address:** | **T-Shirt Size:** **Adult S\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_2XL\_\_\_ 3XL\_\_\_\_** |
| **City/State/Zip:** | **Parent email** |
| **Youth’s Date of Birth: Youth’s Grade this fall:** | **Youth’s Gender: (circle one)**  **male female** |

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 Springs 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 and Trail Outfitters on paper, plus an online waiver for Sandy Springs Adventure Park (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 Archbishop 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 drugs to my son/daughter if requested by my son/daughter. (Check all that apply)

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

Add any other medical information concerning medication, allergies, illness, etc.

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

Add any dietary restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore or 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\_\_\_\_\_(Rafting) Friday \_\_\_\_\_\_\_(Hershey until 11 pm).

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

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

\_\_\_\_\_ No, I will initiate Virtus training at [www.virtus.org](http://www.virtus.org) and contact SAmatucci@stmichaelpoplarsprings.org.

**2018 Mini Camp**

**Peer Minister Application**

For students entering grades 10-12 in Fall 2018

Please submit Peer Minister Application with your permission slip and

$165 early discount fee by March 31st (or $200 beginning April 1st).

The Peer Minister to participant ratio will be 1:7 with a maximum of 20 Peer Ministers.

Priority will be given to St. Michael parishioners. Selected Peer Ministers will be notified by April 18th. Checks will be returned if we do not have room.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade: \_\_\_\_\_\_**

**Are you a St. Michael parishioner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If not, what parish do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Since this is a leadership position with responsibilities of leading faith-based activities, it is necessary for our peer ministers to have an understanding of the Catholic faith and a willingness to share that with others.**

Please attach a one paragraph letter describing how your gifts and/or experiences support the responsibilities described below and what has inspired you to join us as a Peer Minister. (You may use the reverse or attach a separate page – be sure to include your name on any additional pages.)

As a Peer Minister, you will be responsible for:

* participating in one ministry training session,
* attending several planning meetings,
* fulfilling the Archdiocese of Baltimore child protection policy by submitting a Volunteer Services Application and participating in Youth “Worthy of the Call” training,
* attending all five (5) days of Mini Camp.

You will be a successful Peer Minister if you:

* enjoy helping youth feel welcomed,
* enthusiastically participate in activities,
* demonstrate faithful leadership by leading select portions of the program,
* and assist other leaders as needed.

We will review these requirements at the first planning session.

I have read the above responsibilities and am able to fulfill them.

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

Peer Minister Signature Date

**Application is due with paperwork.**