

# St. Matthew Catholic Church Middle School & High School Summer Camp 2017 Experience



## Participant Checklist (Keep this page somewhere handy for your information!!)

- Complete all pages of registration form, sign and date.
- Make a copy of health insurance card (front & back).
- Submit registration, copy of insurance card and \$100 deposit to the Youth Ministry Office in Faith Formation by April 15th. *(checks payable to St. Matthew Catholic Church - Financial aid is available from St. Matthew and Life Teen. If cost is prohibitive, please contact us ASAP to discuss a way to proceed. )*
- Submit balance payment of \$425 by June 10. Payment can be split, with \$200 due by May 15, and \$225 due by June 10.  
*CANCELLATION POLICIES: Deposits are non-refundable. If you decide not to go before final balance is due, the payment due will be removed. If you decide not to go after you have paid in full, all money minus the deposit will be refunded.*
- Packing list and travel information will be shared with you in early June!

### **MULTIPLE TRIP PARTICIPATION:**

*Teens are welcomed to participate in more than one summer trip with St. Matthew Youth Ministry, but we reserve the right to limit students to one trip if space is needed to allow other students to participate. If this happens, we will contact each family to discuss how to proceed prior to adjusting registration and we promise priority of choice to the family who registered first.*



# St. Matthew Catholic Church Middle School & High School Summer Camp 2017 Experience



Please select your camp experience:

High School (Rising 9th-2016 Grad): July 31-Aug 5

Middle School (Rising 7th-9th): June 26-July 1

**COST:** \$525 per camper (\$100 Deposit Due with Registration, Balance Due June 10)

*Financial aid is available from St. Matthew and LifeTeen.*

*If cost is prohibitive, please contact us ASAP to discuss a way to proceed.*



TEEN NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE (Fall 2016): \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT(2) a/o Emergency Contact: \_\_\_\_\_ CELL PHONE : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ PHYSICIAN PHONE NUMBER: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

HEALTH HISTORY: Please list any and all allergies, health conditions or concerns.  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: Please list any and all medications being taken, reason for taking them and dosage.  
\_\_\_\_\_  
\_\_\_\_\_

## RELEASE

I hereby consent to participation by my child in the event titled above. I understand that this event will take place away from parish grounds and that my child will be under supervision of the designated supervisor(s) and adult volunteers. I further agree that I have received information about this event and consent to the conditions of participation in this event, including the method of transportation (adult drivers or bus). I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.

I give permission for the Diocese of Charlotte and/or St. Matthew Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. Matthew Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability for any damages suffered as a result of or relating to the use of any photograph, slide, videotape or audiotape of my child while participating in the program.

PARENT/GUARDIAN NAME (PRINTED): \_\_\_\_\_

PARENT/GUARDIAN NAME (SIGNED): \_\_\_\_\_ DATE:     /     /

**Please return registration form and \$100 nonrefundable deposit to the Church Office ASAP, as spots fill up quickly!**



# St. Matthew Catholic Church Youth Code of Conduct



I represent my family, St. Matthew and the Catholic Church. I will project an image of Christian consideration, sensitivity and respect for other people and the property around me.

I understand that I am acting as a role model and mentor for the children of St. Matthew and as such will be a representation of Christian responsibility, kindness and patience.

I will respect and adhere to all policies enforced by the adult volunteers, who will set an example by their conduct for me. If event is taking place off campus, I will respect and adhere to all policies set forth by the venue.

If event is an overnight, I understand that all cabins are gender specific and no one of the opposite gender may enter cabins, with the exception of the Youth Ministry staff person.

I understand that no one may leave the group or the premises without permission. In the unlikely event that a need to leave arises, I will seek the consent and permission of the Youth Ministry staff person.

I understand that all St. Matthew Youth Ministry events are designed as drug, alcohol, tobacco and BAD ATTITUDE free; and anyone found in possession of any of the above substances or attitudes will be dismissed immediately. Parents will be called at any hour to retrieve the person who violates this rule.

I agree that everyone is responsible for clean up.

I have read and understand the above rules. I agree to abide by them for the duration of the Youth Ministry Event. I am aware that in failing to do so, I can be dismissed from the event.

Youth Participant Name (printed): \_\_\_\_\_

Youth Participant Signature: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PARENTS, PLEASE CONSIDER:

*This trip will not be possible without adults who are willing to take a week off from their work and home life to spend seven days with the youth of our parish. Between CHWC, Steubenville ATL, LifeTeen Camp and Edge Camp, we will need over 12 adults to help chaperone summer trips. **Please prayerfully consider offering your time for the youth of our parish - we can promise that the reward of witnessing faith alive in these teens will far surpass any hesitations you may have in signing on!***

### CHAPERONES:

- The required chaperone to youth ratio is 1 chaperone for every 8 youth.
- Chaperones must be gender-specific (i.e. if 4 girls and 2 boys are attending, there must be at least 1 female AND 1 male chaperone).
- Chaperones must be 21 years of age or older and provide proof of completing your Diocesan Safe Environment requirements.

### PARENT Support:

- I am able to serve as a chaperone for LT Summer Camp
- I am not able to serve as a chaperone for LT Summer Camp, but can drive students to and from Hidden Lake
- I am interested, but would like more details about the responsibility, please contact me at \_\_\_\_\_.
- I am not able to serve as a chaperone or driver, but will offer my prayers for students on the trip