



Camper Fee is \$85.00

**Camp fees must be mailed to
Camp Re-NEW-All Office**

FOR OFFICE USE ONLY	
DATE RECEIVED _____	SESSION _____
FEE PAID _____ # _____	GRADE _____
CR REF _____	

2017 CAMPER APPLICATION

CONTACT INFORMATION

(PLEASE PRINT CLEARLY—FILL IN FORM COMPLETELY)

Name:			
Address:	City:	State:	Zip:
Home Phone:	Email address for urgent communiqués REQUIRED:		
Date of Birth:	Present Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Select Grade Next Year:			
Parish Name:	City of Parish:	Pastor:	

T-SHIRT SIZE REQUIRED:

PARENTS/GUARDIANS

Name of Mother/Guardian:	Name of Father/Guardian:
Mother/Guardian Cell/Work #:	Father/Guardian Cell/Work#:

CAMP SESSION I WOULD LIKE TO ATTEND

SESSIONS AT FREDERICKTOWN:		Number your session preferences in square to left of session listing in order of preference. Ex. Place #1 by your first choice, #2 by second choice, etc. Mark ONLY sessions that you CAN attend.	SESSIONS AT CASSVILLE:			
<input type="checkbox"/>	1F June 12-16		<input type="checkbox"/>	1C June 26-30	<input type="checkbox"/>	4C July 17-21
<input type="checkbox"/>	2F June 26-30		<input type="checkbox"/>	2C July 3-7	<input type="checkbox"/>	5C July 24-28
<input type="checkbox"/>	3F July 10-14		<input type="checkbox"/>	3C July 10-14		

CAMPER INFORMATION

Have you been to Camp Re-NEW-All before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes: How many years: _____	Last year attended _____
Can you swim? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how well? _____		
Camper's special talents (artistic, musical, etc): _____ _____		
Camper's special interests (artistic, musical, etc.): _____ _____		

MEDIA RELEASE

I hereby release to the diocese of Springfield-Cape Girardeau the rights of my child's photographs/audio/videos, for the purpose of promotion, video, web site or publications of the diocese. **THE DIOCESE RECOMMENDS THAT STAFF, VOLUNTEERS, AND PARENTS NOT POST TO SOCIAL MEDIA OR DISTRIBUTE PERSONAL IDENTIFIABLE INFORMATION, INCLUDING PICTURES OF ANY CHILD UNDER THE AGE OF 18, WITHOUT VERIFIABLE CONSENT OF A PARENT OR GUARDIAN.**

Parent/Guardian Signature: _____	Date: _____
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IMPORTANT REMINDERS FROM THE CAMP OFFICE

<ul style="list-style-type: none"> Application Deadline: March 15 Notification of acceptance mailed: After April 15 Campers are accepted on a "First Come, First Serve Basis" (Campers who are members of our diocese are given first priority) 10 business days notice of cancellation is required before refunds will be given (Refunds processed after July 31) <p>Applications online at: www.dioscg.org , , Click on Offices/Ministries select Camp Re-NEW-All from drop down menu.</p>	<p>Applications may be mailed or faxed to the address or fax number below. Payment of camp fees will not be accepted at camp. Fees must be mailed to:</p> <p style="text-align: center;">Camp Re-NEW-All 601 S Jefferson Ave Springfield, MO 65806</p> <p style="text-align: center;">FAX# 417-866-1140</p> <p style="text-align: right;">You may also email completed applications to: rfrancka@dioscg.org</p>
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PLEASE COMPLETE BOTH SIDES

November, 2016

**Roman Catholic Diocese of Springfield-Cape Girardeau - Camp Re-NEW-All
PARENT/GUARDIAN CONSENT FORM LIABILITY WAIVER**

Participant's Name:	Birthdate:
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I/we, (names of parents or guardian) _____, grant permission for my/our child whose name is listed above, to participate in a **designated session of Camp Re-NEW-All** to be scheduled between **June 1, 2017 and August 1, 2017**. This activity will take place under the guidance and direction of diocesan employees and/or volunteers. As parent(s)/guardian, I/we remain legally responsible for any personal actions taken by the above named minor (Aparticipant@).

I/we agree, on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Springfield-Cape Girardeau, its officers, directors, employees and agents, chaperones or representatives associated with the event, from any claim arising from or in connection with my/our child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the diocese, its officers, directors, employees, agents and chaperones or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the diocese.

I/we hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child.

Parent/Guardian Signature:	Date
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EMERGENCY INFORMATION

In the event of an emergency, I/we hereby give permission to transport my/our child to a hospital for treatment by the hospital or doctor. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me/us at the above numbers, contact:

Parent/Guardian Initial here to indicate consent: _____

Name:	Relationship to Camper:
Home Phone:	Work/Cell #:
Family Doctor:	Phone #:
Family Health Plan Carrier:	Policy #:

MEDICATION

(OF THE FOLLOWING STATEMENTS PERTAINING TO MEDICAL MATTERS, **Parent/Guardian please initial and check ONLY those that are applicable**)

_____ In the event it comes to the attention of the diocese, its officers, directors, chaperones or representatives associated with the activity and my/our child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I/we want to be called.

_____ My/our child is taking medication at present: ***(List all medications your child will bring to camp and the directions for their use)***

_____ No Medication of any type, whether prescription or non-prescription, may be administered to my/our child unless the situation is life-threatening an emergency treatment is required.

_____ I/we hereby grant permission for non-prescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my/our child, if deemed advisable.

MEDICAL HISTORY

(The diocese will take responsible care to see that the following information will be held in confidence)

Tetanus (DPT) Immunization (REQUIRED) Date of last Tetanus immunization:

Allergic reactions (medicines, food, plants insects, etc):

Does your child have a medically prescribed diet?

Any physical limitations, phobias, sleep walking, etc.?

Has your child been recently exposed to any contagious diseases or condition? If yes, date and describe condition.

You should be aware of these special needs or medical conditions of my/our child:

CODE OF BEHAVIOR

I, (name of Participant) _____, hereby agree to abide by any pertinent Codes of Conduct. I will cooperate fully with any chaperones or leaders of this event and obey local laws and ordinances in addition to any special rules given to me. I understand that failure to comply with these expectations may result in me having to leave the program.

Participant Signature:	Date:
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I/we agree that my/our child shall abide by all rules and regulations as established by Camp Re-New-All. I/we agree that if my/our child fails to abide by the code of conduct my/our child may be sent home immediately at my/our expense. I/we fully understand and sign this Parental/Guardian Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature(s) required).

Parent/Guardian Signature:	Date:
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