

TEEN VOLUNTEER FORM

ST PATRICK/ST CANICE SUMMER FAITH CAMP 2018

Dates: June 25-29, 2018 Time: 9:00 a.m. - 12:30p.m

Location: St. Patrick's @ St. Cecilia's Parish Center

Teen Helper Ages: 7th grade - High School

To ensure a T-shirt, forms must be turned in by June 05.

Attendance at training meeting is mandatory for participation.



Name: _____, Grade in Fall 2018 _____ Age: _____

Phones: (Home) _____ Cell: _____, Email _____

____ Check here if you would like to be a **group leader** with school age campers (1st-6th)

*A group leader stays with the same crew of 5 children throughout the entire camp for all activities. You must be able to be at camp from 8:30 to 1:00 pm every day of camp to be a group leader.

____ Please initial that you have read the above statement and can comply.

OR

Indicate which center you would like to help with during Camp. Indicate your 1st, 2nd, and 3rd choice for assignment during camp by numbering the below choices 1, 2, and 3.

*A **center helper** stays at the center and helps the adult leader as groups of campers come to participate in activities.

- ____ Bible Story
- ____ Imagination/Science
- ____ Recreation/Games
- ____ Snacks
- ____ Music
- ____ KidVid

OR

____ I prefer to work with **Preschoolers** in the preschool room, helping the lead teacher as needed.

Forms should be returned as soon as possible, as positions will be assigned on a first come, first serve basis.

T-Shirt Size: YOUTH sizes YS _____ YM _____ YL _____ YXL _____

ADULT sizes AS _____ AM _____ AL _____ AXL _____

Questions?? Please contact Carol Keane Stein at summerfaithcamp@gmail.com

Completed forms may be mailed to:

Summer Faith Camp, Saint Patrick Church, 235 Chapel St., Grass Valley, CA 95945

Please completely fill out the Emergency Information Form located on the back.

St. Patrick/St. Canice Summer Faith Camp 2018 Teen Emergency Information

Child/Teen

 Last Name First Middle I. Date of Birth AGE

Address

 Street City State Zip Phone Number

Father's Name:

 Last Name First Middle I. Cell Phone Number or Pager Number

 Father's Employer Name and Address Work Phone

Mother's Name:

 Last Name First Middle I. Cell Phone Number or Pager Number

 Mother's Employer Name and Address Work Phone

If I cannot be reached at the above address & telephone, you have my permission to contact either of the following local persons:

1.

 Name Relationship Phone Number

2.

 Name Relationship Phone Number

Insurance Information

Physician _____ Phone _____ Dentist _____ Phone _____
 Insurance _____ Policy# _____ Ins. Co _____ Policy# _____
 Co. _____

Authorization of Consent for Treatment of Minor

In the event of serious emergency, and none of the persons listed above can be contacted, I authorize school officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act, and on the medical staff of a certified hospital, whether such diagnosis or treatment or hospital care is rendered at the physician's office or at a certified hospital. If our family physician cannot be reached, the parish may choose a physician. I understand that the parish does not assume responsibility for payment of a physician/dentist. I hereby agree to bear all cost incurred as a result of the foregoing:

My Child is Allergic to: _____

 Signature of Parent/Guardian Date

My Child is currently taking the following medication: _____ Dosage: _____

My Child has special medical problems: _____

I do not choose to sign the above statement. In the event of an accident or emergency please:

 Signature of Parent/Guardian Date