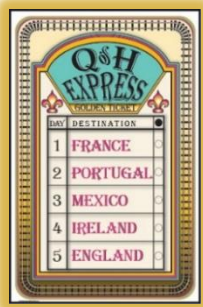


PARENTS!!

COOL CRAFTS
FUN GAMES
UPBEAT MUSIC
EXCITING
ACTIVITIES
CREATIVE
SKITS
BIBLE STORIES

The Queen of Heaven Express is leaving the station!
Mysteries & Messages
Revealed at Each Stop! Discover how Mary brings us
closer to Jesus through the POWER of the ROSARY.



Get Your GOLDEN TICKET

& Track Mary All Over the World!
**FUN-FILLED DAYS AHEAD AT
CATHOLIC KIDZ CAMP!**

DATE: June 5 – 9, 2017

TIME: 9:00 AM – NOON

LOCATION: CARENCRO CATHOLIC SCHOOL GYM
CAMP FROM GROWING WITH THE SAINTS!

CAMP FOR CHRIST REGISTRATION APRIL 24TH – MAY 19TH:

RETURN THIS BOTTOM SECTION TO:

Mail or drop off form & payment at the Church office
or in a labeled envelope in the collection basket.

St. Peter Roman Catholic Church
P. O. Box 40/102 N. Church Street
Carencro, LA 70520

CONTACT: St. Peter Roman Catholic Church
PHONE: 337 896-9408 **E-MAIL:** jody@sprcc.org

**ENTER GRADE YOUR CHILD IS
ENTERING BELOW:**

Prek/K 4-up	Grades 1-2	Grades 3-4	Grades 5-6

Child's Name: _____ Can you volunteer to help? YES
 Child's Name: _____
 Child's Name: _____
 Parent Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____

Registration fee per **camper**(s) (includes T-shirt) _____ @ \$25.00 each = \$ _____

Registration fee per **helper**(s) (includes T-shirt) _____ @ \$10.00 each = \$ _____

I HAVE ENCLOSED _____ CASH OR CHECK # _____ IN THE AMOUNT OF \$ _____ DATED: _____

SPECIFY QUANTITY & T SHIRT SIZE:

Youth	XS	S	M	L			
Adult	S	M	L	XL	XXL	3XL	

FOOD ALLERGY ALERT !!

My child (name) _____

is allergic to: _____

REQUIREMENT: PARENT MUST COMPLETE WAIVER FORM ATTACHED FOR EACH CHILD ATTENDING CAMP.

Catholic Mutual "CARES"

2017 Camp for Christ

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____ Birth

date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

I, _____, grant permission for my child,

Parent or Guardian's Name

_____, to participate in this parish activity that may

Child's Name

require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Peter, Carencro, LA. A brief description of the activity follows:

Name of Parish: St. Peter Roman Catholic Church, Carencro, LA

Type of event: Camp for Christ

Location: St. Peter Catholic Church & Carencro Catholic School

Individual in charge: Margret Vidrine

Duration of activity: Monday, June 5, 2017 thru Friday, June 9, 2017 9:00 am – 12 pm

Mode of transportation to and from event: Parent transportation

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Roman Catholic Church, its officers, directors and agents, and the Lafayette Diocese, coaches,

Name of Parish

Diocese

chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Lafayette Diocese, coaches, chaperons, or

Diocese

representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.

Emergency Medical Treatment: In the event of an emergency. I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. 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 at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Lafayette, coaches, chaperons, or representatives associated with **Diocese**

the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

