

**PARENTS!!**  
**Register Early**  
**for T-shirts**



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

**Parade Around the Our Father<sup>9\*</sup>**

**DATE: June 11 – 15, 2018**

**TIME: 9:00 AM – NOON**

**LOCATION: CARENCRO CATHOLIC SCHOOL GYM**

**ANOTHER NEW AND EXCITING CATHOLIC KIDZ**

**CAMP FROM GROWING WITH THE SAINTS!**



**CAMP FOR CHRIST REGISTRATION FORM:**

**CONTACT:** St. Peter Roman Catholic Church

Return this bottom section to:

**PHONE:** 337 896-9408

**E-MAIL:** jody@sprcc.org

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

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

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_

**Can you volunteer to help?** \_\_\_ YES

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 & SIZE T SHIRT**

Youth	XS	S	M	L	
Adult	S	M	L	XL	XXL

**FOOD ALLERGY ALERT !!**

**My child (name)** \_\_\_\_\_

**is allergic to:** \_\_\_\_\_

\_\_\_\_\_

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

# Catholic Mutual .... "CARES"

## 2018 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:** Carencro Catholic School

**Individual in charge:** Margret Vidrine

**Duration of activity:** Monday, June 11, 2018 thru Friday, June 15, 2018 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: \_\_\_\_\_

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