

2019 ST. JOSEPH'S YOUTH CAMP REGISTRATION (Ages 8-12)

PLEASE PRINT: CAMPER'S FULL NAME _____ AGE _____

SEX: M F BIRTHDATE _____ (CAMPER MUST BE AT LEAST 8 YEARS OLD)

SCHOOL _____ PARISH _____ GRADE _____

MY CHILD WOULD LIKE TO BUNK WITH _____

HOW DID YOU LEARN ABOUT OUR CAMP? I was Last year Camper Church Bulletin Catholic Sun
 School Brochure Az. Parent magazine Zona KofC Tucson Outlook Other _____

PARENT/GUARDIAN NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT EMAIL ADDRESS _____

HOME PHONE () _____ WORK PHONE () _____

CELL PHONE () _____ CELL PHONE () _____

EMERGENCY CONTACT: LIST SOMEONE OTHER THAN ABOVE

NAME _____ PHONE () _____ RELATIONSHIP _____

NAME _____ PHONE () _____ RELATIONSHIP _____

T-SHIRT SIZE: Child (Medium size 10-12) Child (Large size 12-14)

Adult Small Adult Medium Adult Large Adult X-Large Adult XX Large Adult XXX Large

TRANSPORTATION:

Yes, my child will be RIDING THE BUS TO CAMP Yes, my child will be RIDING THE BUS HOME FROM CAMP

Yes, my child will be DELIVERED TO CAMP Yes, my child will be PICKED UP FROM CAMP

PHOTOGRAPHS: Initial below

I do GIVE PERMISSION for my child to be photographed or videotaped for Camp promotional or educational purposes. I understand there will be no financial remuneration now or in the future.

CAMP SESSIONS AND FEES: ALL SESSIONS ARE SUNDAY THRU SATURDAY

_____ ENCLOSING \$600 PAYMENT
For Early Bird Discount
Discount Ends: April 1st (reg.\$650)

_____ Week 2: JUNE 30-July 6 AGES 8-12

_____ Week 3: JULY 7-13 AGES 8-12

_____ Enclosing \$300 Deposit (1/2 of Early Bird Discount)

_____ Week 4: JULY 14-20 AGES 8-12
(Check website/office for availability)

_____ Enclosing \$50 (minimum Deposit required to save Space)

_____ Credit Card # _____ Expiration Date; _____

PRINT: Name on Card _____

All registrations must be paid in full 30 days prior to the session start date. No refunds will be made on Gift Certificate Registrations. There is a \$15 non-refundable fee on ALL cancelled registrations. No refunds will be made unless written notice is received in the camp office 30 days prior to the start of the camp session. No Refunds if the Camp is closed for reasons beyond our control. Registrations made in less than 30 days of camp session who cancel for any reason will only receive a credit for the next available season or will only be refunded 50% of the paid registration fee. No refunds will be made if your child departs from camp early. No camper will be permitted to leave camp without approval of parent/legal guardian and the Camp director. My child and I understand that his/her acceptance at camp implies his/her agreeing to abide by the general camp rules of good behavior and conduct.

Your signature implies that all information provided is true & accurate. PARENT/LEGAL GUARDIAN

SIGNATURE: x _____ DATE: _____

MAIL DOCUMENTS & PAYMENT TO: **ST. JOSEPH'S YOUTH CAMP PO BOX 23658 TEMPE, AZ. 85285**

2019 MEDICAL AUTHORIZATION

ALL CAMPERS MUST HAVE HEALTH INSURANCE. IN CASE OF AN EMERGENCY, THE Camp Director and authorized personnel of St. Joseph's Youth Camp reserves the right to call an ambulance, or drive your child to the nearest emergency room. Parents or legal guardian will be notified as soon as practical. Parents are responsible for all RX expenses incurred by the Camp. Completion of this Medical Authorization Registration hereby GRANTS PERMISSION BY PARENT or LEGAL GUARDIAN to GIVE ANY CARE DEEMED NECESSARY BY MEDICAL STAFF.

PLEASE PRINT:

CAMPER'S FULL NAME _____ Age: _____ Date of Birth: _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME _____

INSURANCE COMPANY NAME _____ (INSURANCE COVERAGE IS MANDATORY)

POLICY NUMBER _____ (MUST SEND FRONT & BACKSIDE OF CARD)

MEDICAL INFORMATION:

LIST ALL ALLERGIES TO FOOD

LIST ALL ALLERGIES TO MEDICATIONS

LIST ALL 'OTHER' ALLERGIES

DATES: LAST TETANUS SHOT _____ MEASLES VACCINATION _____ DPT BOOSTER _____

LIST ALL MEDICATIONS YOUR CHILD IS TAKING: PLEASE PRINT CLEARLY and use BACKSIDE IF NECESSARY

NAME OF DRUG _____ DOSAGE _____ REASON FOR MEDICATION _____

NAME OF DRUG _____ DOSAGE _____ REASON FOR MEDICATION _____

NAME OF DRUG _____ DOSAGE _____ REASON FOR MEDICATION _____

NAME OF DRUG _____ DOSAGE _____ REASON FOR MEDICATION _____

LIST ANY OVER THE COUNTER DRUGS THAT WE SHOULD 'NOT' ADMINISTER FOR HEADACHE, UPSET STOMACH, OR FIRST AID:

____ INITIAL HERE IF YOU PERMIT YOUR CHILD TO BE GIVEN OVER-THE-COUNTER DRUGS IF NEEDED FOR HEADACHE,UPSET STOMACH,ETC.

ARE THERE ANY SPECIAL NEEDS THAT WE SHOULD BE SENSITIVE TO CONCERNING YOUR CHILD? _____

ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER, WITH THE CHILD'S NAME AND DOSAGE CLEARLY TYPED ON THE LABEL. ALL MEDICATIONS MUST BE TURNED IN TO THE CAMP STAFF AT CHECK IN BEFORE BOARDING THE BUS. UNLABELED MEDICATIONS WILL NOT BE ACCEPTED. ALL MEDICATION MUST BE CONTAINED IN A CLEAR PLASTIC BAG WITH YOUR CHILD'S NAME ON THE BAGGIE.

PARENTS/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

2019 Transportation & CHECK-IN: KEEP THIS PAGE



BUS CHECK- IN and PICK -UP TIMES

Check-in time is: 2:00 pm on Sundays

Pick-up time is: 2:00 pm on Saturdays (late fees will apply)

NEW Location

St. Andrew the Apostle Catholic Church

3450 West Ray Rd

Chandler, AZ. 85226

(101 and Ray Rd area...just 2 blocks west of the 101 at Ray Rd.)

Turn onto: N. Country Club Way...

Enter the back parking lot. Park and Enter the Courtyard.

Signs will be posted for Check-In Room: **(HENNESSEY HALL)**



Most campers / Counselors ride the Bus, however,
if you are **DRIVING** to Camp..... ***TIMES ARE DIFFERENT***

Check-in AT THE CAMP is between: **5 & 6 PM on Sunday** (not earlier, not open)

Pick-up time AT THE CAMP is between: **9:00 and 10:00 am Saturday morning.**

(not earlier, not later) Staff departs at the same time. Late fees will apply.

Location:

4860 Mormon Lake Rd

Mormon, Lake, Az. 86038

Notes to remember:

Mail or email a copy of the campers **Health Insurance Card (both sides)**

along with all **signed (and initialed where designated) Permission slips** for

Horseback Riding, Kayaking, and (Flagstaff Extreme if a Teen) To:

St. Joseph's Youth Camp PO Box 23658 Tempe, AZ.85285

Or email: admin@SJYCAZ.com

Please **do not pack** food/snacks or MONEY **in luggage.**

Food is not allowed in cabins. Healthy snacks are provided and eaten in designated areas.

Clothes and Personal items must be stored in a duffle bag, laundry bag, or suitcase.

All luggage, duffle bags, back packs, etc. **MUST have the campers name on it.**

Remind your camper of how many carry bags they are taking and should bring home.

Items and MEDICINE not picked up at Bus Pick up or left at Camp will be donated or destroyed.

St. Joseph's Youth Camp is NOT responsible for items left behind or not picked up.

BRING ALL Prescription MEDICATION to Check-in.

RX's must be in the **original medicine bottle**, with the **CAMPER name and dosage** displayed.

All prescription medications will be given to the camp Nurse. No EXPIRED Medications accepted.

All Rx's must be written in English. **All inhalers, Nebulizers or EPI pens MUST have a CURRENT RX.**

The Camp Nurse has most **over the counter** medications / remedies. **No need to send these.**

CELL PHONES, or any other electronic devices are **NOT ALLOWED.**

Please ensure that NO phones are given to a camper to bring to camp.

Toss away cameras are okay to bring. Do not send anything expensive or a family heirloom.

Items can get lost or broken. Campers should not have to worry about that responsibility while they are at Camp. No cell phone camera's.

CAMP STORE MONEY will be collected at Check-in. Please put all money in an envelope with your campers name on it. Do not seal until turned in. Camp Store money is NON-REFUNDABLE.

There is a list of **WHAT TO BRING** to Camp on our website: www.SJYCAZ.com Please review and check your campers packing to include all recommended. **Flip Flops are NOT suitable for camping OR the terrain.** Tennis /or hiking shoes work best for most campers. Two pairs are recommended.

Finally, you can print a **Camp Brochure** on our website: www.SJYCAZ.com in the left column for more information.

If you have any questions, please call the camp Secretary at: **480-449-0848**

or email: admin@SJYCAZ.com

Please DO NOT send camping clothes and items...
in a black or plastic trash bag as luggage.

Plastic Bags are not strong enough... for the trip up or back.
Duffle Bags, back packs, or small luggage work best.

THINGS TO BRING TO CAMP

- Bedroll or sleeping bag
- 2 pairs of shoes
- Sweatshirt or jacket
- Rainwear/Poncho
- Long & Short sleeve T-shirts
- 2 pairs of long pants
- Dirty Clothes Bag *
- Towels & wash clothes
- Sunscreen & Chapstick
- * Pillow
- * 7 pairs of Socks
- * Water Bottle
- * Water Shoes for Kayaking
- * Shorts (conservative)
- * Underwear
- * Toiletries (toothbrush etc)
- * Flashlight
- * Backpack

Note:

Remind campers: *Dirty Clothes bag should be placed in duffle bags, back pack or small luggage not separately or in Plastic bags for the return home

USE NAME TAGS on ALL LUGGAGE / Duffle Bags / Backpacks

THINGS NOT TO BRING

- CELL PHONES
- Anything electronic
- Matches
- Curling Irons
- Wallets with money in it
- * Expensive camera's
- * Heirloom items
- * Headsets / Radio's
- * Jewelry
- * Pocket Knives/ weapons of any kind

NEVER SEND HEIRLOOM ITEMS or ITEMS you don't want to lose.
Campers and St. Joseph's Youth Camp are NOT responsible for lost items,
Or items left at camp or at the Bus pick up location.
Left items are donated or destroyed including left medicine.

EQUINE RELEASE AND WAIVER OF LIABILITY

ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

High Mountain Trail Rides
P.O. Box 38463 Mormon Lake, Az 86038
928-354-2359

I, _____ (parent/legal guardian) on behalf of my minor child _____
[First & Last Name(s)]

Reside at: _____ (Street Address) _____ (City) _____ (State) _____ (Zip) Email: _____

I hereby enter into this agreement in consideration of my ability and permission to ride OR use any horse owner by High Mountain Trail Rides.

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT [HIGH MOUNTAIN TRAIL RIDES] INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF NEGLIGENCE OF YOU OR [HIGH MOUNTAIN TRAIL RIDES] READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDECATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this from, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risk involved in riding and working with horses, Including but not limited to:

Bites, kicks, abrasions, or contusions from horses, being thrown or bucked off by horses, scratches or other injuries from stalls or other enclosures, scratches or other injury from grooming tools and other equine equipment and tack. Allergic reactions to animals, hay, or other allergens, tripping in holes or on materials, or equipment. Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

I hereby specifically forever waive and release High Mountain Trail Rides and its principles and agents from any liability for injury arising out of inherent risks from riding, working, or participating in a stable environment and/or with horses, as well as from the active negligence of High Mountain Trail Rides, and its principles and agents.

(INITIALS): _____

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at (HMTR), there will not be a nurse on the premises and HMTR and its principles and agents bear no responsibility for my health or medical care. I agree to indemnify, save and hold harmless HMTR and its principles and agents from and against any loss, liability, damage, attorney's fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at HMTR or any acts or omissions of HMTR principles and agents. By signing this agreement, and by initializing the paragraph above, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at HMTR, its principles or agents and with full knowledge and understanding of the disclosure, waivers, and releases herein. If I am present at and participate in the activities of HMTR I do so at my own risk, and hereby acknowledge and agree that HMTR and/or any of its principles and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at HMTR.

Date: _____

Print: _____

Sign: _____

2019 MOENKOPI RIVERWORKS RELEASE FORM

FOR LAKE MARY NARROWS INFLATABLE KAYAKING

Please Print:

I, Parent/Legal Guardian: _____ understand that inflatable kayaking is an inherently risky activity which involves serious risk of personal injury, drowning, illness, disease, physical or mental damage to myself/spectators or third parties or death.

Please Initial each line:

_____ I understand that inflatable kayaking entails known and unknown risks of injury, including but not limited to those outlined above.

_____ I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify Moenkopi Riverworks, its agents, or employees, and all other entities from any and all liability, claims, demands, actions, or rights or action which are related to arise out of, or are in any way connected with Moenkopi Riverworks.

This Release Agreement is entered into on this _____ day of _____ 2018/2019

By and between Moenkopi Riverworks and By and through:

Parents/Legal Guardian Signature _____

Address: _____

City, State, Zip: _____

Child's Printed Name: _____