

A fun-filled retreat for third (students entering third) through fifth graders (students entering fifth grade). A trained staff of high school and college youth, supervised by qualified adults, from throughout the diocese offer caring relationships to assist these young people. The day camp will be held Wednesday, June 16, 2010 from 9:00 a.m. - 3:00 p.m. Transportation provided to the Renewal Center from the Diocese of Victoria chancery parking lot and back at the end of the day for the first **45 people** requesting it. A permission form and a medical release form is required of everyone attending the retreat. Cost per person: \$15.00 (includes food and all craft supplies). Pre-ordered T-shirts are available for \$10.00. Space is limited.

Registration deadline May 30, 2010

*** * An individual photo is required with your registration. * ***

CAMP DAVID PACKING LIST

Things to wear and bring

Please note: Label all items with your name in case something gets lost.

- sturdy jeans, shorts
- T-shirt
- 1 pair of sturdy tennis shoes
- 1 pair of water socks or old tennis shoes for water activities
- socks
- swimsuit/cover up for swimsuit
- towel
- backpack
- sun block
- camera
- water bottle with your name on it
- personal prescription medication, (must be checked in with camp counselor)

Camp David Elementary Camp 2010



Elementary Day Camp

Wednesday, June 16, 2010

**Sponsored by: Office of Youth and
Young Adult Ministry Diocese of Victoria
P.O. Box 4070 Victoria, Texas 77903**

OFFICE OF YOUTH MINISTRY • DIOCESE OF VICTORIA IN TEXAS
REGISTRATION and PERMISSION FORM/MEDICAL RELEASE

NAME _____ Gender: M F Grade _____ Age _____ Birthdate _____
Address _____ City _____ ZIP _____
Phone (____) _____ Parish & City _____

Individual Photo must accompany this registration form

PARENT/LEGAL GUARDIAN

NAME _____ Address/Phone (if different than above) _____
Parent wk# _____ Cell # _____

I hereby consent to participation by my son/daughter, _____ in all sponsored activities by _____ (church name) and The Office of Youth Ministry of the Diocese of Victoria on June 16, 2010. I understand that the activity will take place at the Spiritual Renewal Center, Victoria, Texas and that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Spiritual Renewal Center and the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity. I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

I hereby give permission for my son/daughter to be photographed or videotaped at the camp. I realize that the photo may be published in the newspaper, a magazine, or other publication. The video may be used for educational or informational purposes regarding the programs or curriculum at the Diocese of Victoria.

Date _____ Parent's Signature _____

Family Physician _____ Phone (____) _____

Address _____ City & Zip _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____ Medication he/she is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

List any specific medical problems or physical limitations: _____

Name of Insurance Company _____ Phone (____) _____

Name of Insured _____ Policy # _____

Please circle one: My child: **will** **will not** be riding the bus to and from camp.

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Wk (____) _____ Cell (____) _____

Mail Form, picture and \$15 fee to :

Office of Youth Ministry • P.O. Box 4070 • Victoria, Texas 77903

Deadline: May 30, 2010

If you wish to order a 2010 Camp David T-shirt—please include an additional \$10.00 and indicate your T-shirt size.

___ YS ___ YM ___ YL ___ AS ___ AM ___ AL