

Individual Photo
is required with
registration

head shot view
please

Camp David



Camp David T-shirts are available! If you wish to order a 2010 Camp David T-shirt—please include an additional \$10.00 and indicate your T-shirt size. - These must be ordered at registration as extras will not be printed.

___YS ___YM ___YL ___AS ___AM ___AL ___AXL

2010



Please Remember to:

- Fill out the Permission/Medical Release Form (on the reverse side of this) **Completely**
- Include your \$15.00 deposit
- Transportation information: *Please circle one:*
My child: **WILL** or **WILL NOT** be riding the bus to and from camp
- Attach a current picture—approximately the size of the box above or smaller
- If you would like to order a T-shirt—please include an additional \$10.00 and select your T-shirt size in space above.
- Mail to:

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

Jr. High Camp

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

June 13-15, 2010

and June 16-18, 2010

Camp David—Jr. High Camp
Spiritual Renewal Center
Victoria, Texas •

June 13-15 and June 16-18, 2010

A fun-filled retreat for junior high age (students entering 6th or finishing 8th 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. Two different overnight sessions will be offered. The first will begin on Sunday, June 13, 2010 at 5:30 p.m. and end at 12:00 noon on Tuesday, June 15, 2010. The second session will begin on Wednesday, June 16, 2010 at 5:30 p.m. and end at 12:00 noon on Friday, June 18, 2010. **Transportation will be provided to and from the Renewal Center from the Diocese of Victoria chancery parking lot.** A permission form and a medical release form is required of everyone attending the retreat. Cost per person: \$70.00 (includes food and lodging for two nights). Space is limited to 50 participants. A **\$15.00 non-refundable deposit** is required to secure a space—this deposit is considered part of the registration fee so the balance due after the deposit is \$55.00. If you wish to order a 2010 Camp David T-shirt—please include an additional \$10.00 with your deposit and indicate your T-shirt size on the back.

Registration deadline is May 30, 2010.

An information packet will follow upon receipt of your deposit.

An individual photo is required with your registration.

Mail completed form and deposit to:

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

NAME _____ Gender: M F Grade _____
Age _____ Birthdate _____ Address _____
City & Zip _____ Home Phone (____) _____
Parent's Cell # (____) _____ Parent's e-mail address _____
Parish & City _____

_____ **Session 1: June 13-15, 2010** _____ **Session II: June 16-18, 2010**

PARENT/LEGAL GUARDIAN

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

I hereby consent to participation by my son/daughter, _____ in all sponsored activities at Camp David and in transporting my child to and from the chancery in Victoria to and from the Spiritual Renewal Center from June 13-18, 2010. I understand that these activities 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 this 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/St./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 # _____

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

Name _____ Hm/Wk (____) _____ Cell(____) _____