

Blessed Saints Pastoral Region

5th Annual

Jr. High Camp



Make Plans now to join us for an awesome week at Jr. High Camp!

July 19th – 22nd 2021

What it is: A week long event for those entering 6th, 7th, and 8th grade in the Fall of 2021. We will go to Mass in the morning, as well as fun faith learning activities, games, skits, and music. Then in the afternoon we will do some exciting activities. Plans for the afternoon activities include (but may change depending on availability):



Field Games

Winton Woods

Reds Game



Coney Island

Schedule:

M, T, W 8:00 AM – 4:30 PM

Thursday 8:00 AM – 9:30 PM

We will not have camp on Friday July 23rd



Cost is \$60/camper. This covers all activity fees and transportation costs. We do ask that campers bring their lunch each day, but snacks will be provided. (Scholarships provided upon request)

To register or for more information contact
Amy Staubach 513-522-3680 amy.staubach@estbarts.org



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July 19th – 22nd 2021

Camp is open to all those entering the 6th, 7th, and 8th grades in the Fall of 2021.

Camp will take place M, T, W from 8 am – 4:30 pm. Thursday is 8 am to 9:30 pm. We will not have camp on Friday July 23rd.

Cost is \$60 per participant and includes all activity fees. (Scholarships available)

Please pack a lunch each day.

Registration Form

Please fill this form out in order to register. Once this registration form is received, further information and medical forms will be mailed home.

Forms can be returned to either parish office by placing in the collection basket, dropped off, or mailed

c/o Amy Staubach
St. Bartholomew Parish
9375 Winton Rd.
Cincinnati, OH 45231

Amy Staubach
522-3680 or amy.staubach@estbarts.org

Questions? Contact

Please enclose a check in the amount of \$60 made out to St. Vivian Church when returning this form. Scholarships are available. if needed. If you are in need of assistance, please contact Amy. We ask that you **return your registration form no later than July 12th** in order to ensure help with ticket purchases and reservations.

Participant Name _____ T-shirt Size _____

Mailing Address _____
Street City Zip

School _____ Grade _____

Home Church _____

Is the Child Catholic? Yes _____ No _____ (Because we go to Mass everyday, we need to know this for Communion.)

Parents Names _____

Parent E-mail _____

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

1. I, the custodial parent/legal guardian of _____ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless _____ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.
2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.
3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.
4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.
5. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.
6. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.
7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.
8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.
- I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ Date ___/___/_____

Print Name: _____ Home Address: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____

Child's Name _____ Birth date ___/___/_____
Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date ___/___/_____

Family Doctor _____ Phone No. _____