

Registration Form

Registration Deadline

June 14, 2024

Space is limited - Register early
(please print)

Name: _____
Address: _____
City: _____
State: _____
Phone: _____
Age: _____ Birthdate: _____
Grade entering (fall 2023): _____

We (I) hereby release all church, camp staff and adult advisors from any and all claims, loss, damage, or expense arising out of or from any accident or other occurrence causing injury to any person or property during this camp. Furthermore we (I) assume all risks of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein by our child. We (I) are the parent(s) or legal guardian(s) of this participant and grant our (my) permission for the camp directors or their duly authorized representatives to act on our (my) behalf in a medical emergency if we are (I am) unable to do so. Camp staff reserves the right to examine all camper and staff belongings to ensure a safe camp for everyone.

I give my permission for photos of the above participant to be used in advertising and publications concerning the camp.

Signature parent/guardian _____
Relationship to child: _____

Health History

Any health problems? (please check)

___ Diabetes _____ Asthma
___ Digestive Problems ___ Epilepsy
___ Allergies (specify) _____

Any routine medications? If so, please list and give times to be taken (e.g. with meals, times, etc.) _____

Special needs: _____
Suggested Items to Bring: Sunscreen, camera, casual clothes, dress clothes, insect repellent, and an enthusiastic attitude

I give permission for a nurse on staff to administer the following medications. (please check)

___ Routine medications (listed above)
___ Tylenol for headache, pain, fever (parents will be notified in case of fever)
___ Benadryl for hives and rashes
___ Antibiotic cream for cuts
___ I give permission for my daughter to participate in camp activities, outdoor games, etc.
In case of emergency, contact:

Name: _____
Address: _____
Phone: _____
Family Physician: _____
Address: _____
Phone: _____
Name of Insurance Policy: _____
Policy Number: _____

Schedule

7:30 Arrive at Franciscan Prayer Center
Arrive in dress clothes for Mass
Bring modest, casual clothes for activities
Full day of faith, fun, and fellowship
Return Home
(Breakfast and Lunch Provided)

3:00

“...In all their works the love of God and all people shine forth.”

Rule of St. Francis

To be little and humble in imitation of Jesus Christ in the Holy Eucharist and to be loyal to the magisterium of the Catholic Church.

Charism, Sisters of St. Francis of the Holy Eucharist

www.osfholyeucharist.org

Driving Directions:

Take I-70 to Noland Road, go 5 miles north on Noland Road (1 mile past Independence Avenue); Noland Road dead ends (see sign on the right that says *Sisters of St. Francis...*)

(north of I-70), Take I-435 to Hwy 24/Independence Avenue exit (go 5 miles East on Independence Avenue to Noland Road, north on Noland Road; Noland Road dead ends see sign on the right that says *Sisters of St. Francis...*)

See you June 22, 2024 at _____

Franciscan Spirit Camp