Sisters of St. Francis of the Holy Eucharist

High School Weekend

Registration Form

Registration Deadline June 5, 2024

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Entering (Fall 2024)\_\_\_\_\_\_\_\_\_\_

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 event.

Signature (parent/guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health History

Any health Problems?

\_\_ Diabetes \_\_ Asthma

\_\_ Digestive Issues \_\_ Epilepsy

\_\_ Allergies (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special needs or accommodations:\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ Routine medications (please list) \_\_\_ 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, out-
door games, etc.
In case of emergency, contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Weekend is $30

**Weekend begins on Thursday June 13 at 3:30pm and concludes on Saturday June 15 at 6pm**

Be sure to bring:

* Comfortable and Modest clothing (please be sure to have appropriate clothing for Mass each day as well as clothing and shoes that can withstand outdoor activities)
* Toiletries, including sunscreen and insect repellent

[www.osfholyeucharist.org](http://www.osfholyeucharist.org)

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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 on June 13, 2024!