

Extreme Faith Camp 2023

Dear Families of Epiphany Middle School Students,

I would like to invite your son/daughter(s) to come with me to Extreme Faith Camp (EFC) this summer from Monday, June 26th to Friday, June 30th this coming summer. I am looking forward to this June when we will again bring Epiphany youth to join over 150 other middle schoolers for a week of fun, faith, and fellowship.

Extreme Faith Camp is a Catholic summer camp for middle school aged-youth (**current** 6th-8th graders) started by a group of youth ministers in the Archdiocese of St. Paul/Minneapolis 22 years ago. As youth ministers, we already are hard at work to prepare for camp and are excited for the great week ahead of us!

Located at Camp Victory, near Rochester, MN, there is so much to do: swimming, archery, high ropes, zipline, a climbing wall, and more. We encounter Christ through the power of the Sacraments, challenging talks, and small group sharing. Youth are constantly moving and learning, making deep friendships that are founded on faith and active participation. The facilities are ideal for a safe environment for youth and adults with an on-site nurse, adult chaperones, youth ministers, and teen leaders.

The cost of this event is **\$450**. This cost includes a week of fun, meals, housing, transportation, T-shirt, crafts, and water bottle. There will be two fundraising opportunities available through Fish Fry and one Sunday in the spring.

Complete the following registration form completely and turn into the parish or school office with a \$100 down payment by Monday, January 23rd. *Space is limited, and spots will be filled in the order registration forms are turned in. A wait list will be started once all spots have been filled.*

If you have any questions or concerns, please contact me at cvelazquez@epiphanymn.org.

In Christ,

Carly Velazquez

Coordinator of Youth Ministry

cvelazquez@epiphanymn.org

EXTREME FAITH CAMP 2023

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant's name: _____

Date of birth: _____

Gender: Male/Female

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____,
Printed Parent or guardian's name Printed Child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from The Church of the Epiphany.

A brief description of the activity follows:

Type of event: Extreme Faith Camp 2023 Student Cost: \$450.00

Date of event: Monday, June 26th – Friday, June 30th, 2023

Destination of event: Camp Victory Ministries, Zumbro Falls, MN

Individual in charge: Carly Velazquez, Coordinator of Youth Ministry

Estimated time of departure and return: Monday at 8am and Friday at 3:30pm

Mode of transportation to and from event: School Bus

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I understand that my child is required to comply with the Code of Conduct provided by the parish/school while participating in the event. I understand and agree that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Church of the Epiphany, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claims, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any

action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

Signature: _____ Date: _____

(Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Saint Paul and Minneapolis, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called as soon as it is reasonably possible.

**Sign only if you want a call as soon as reasonably possible.*

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

**Sign only if child is taking medication and bringing.*

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

**Sign only if child is NOT taking medication.*

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

**Sign only if you grant permission for non-prescription medication to be given.*

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? yes/no If so, list date and disease or condition: _____

To help us know how to best interact with your child in specific situations, please list any conditions or needs of your child that impacts them socially such as ADHD, ADD, Anxiety, Depression, Autism, Asperger, etc. This information is kept confidential. _____

As Parent or Guardian, I agree to all the above stated considerations and conditions.

Signature: _____ Date: _____