

Extreme Faith Camp 2024

High School Leader Application

Dear High Schoolers and Families,

We would like to invite current 9th -12th graders to prayerfully consider serving our middle school youth at Extreme Faith Camp this summer. The role of high school teens is primarily to serve the middle school students at camp by being a witness of Christ's love and goodness to them. This year, Epiphany high schoolers will be attending EFC from Saturday, July 6th to Friday, July 12th at Trinity Woods Camp in Trego, WI.

9th graders, or those attending camp for their first time as a high schooler, will be placed on Prayer Team. Teens on Prayer Team will be separate from the campers for most of camp and will spend their time in community building, Adoration, prayer, and quiet reflection.

10th-12th graders who have completed a year on Prayer Team will be placed on Extreme Team. Extreme Team members interact closely with the campers and will lead small groups. A good candidate for Extreme Team should possess the following qualities: a desire to serve and be with the middle schoolers, regular participation in Sunday worship, a personal prayer life, and be currently active in the youth ministry program of their parish.

WHAT IS THE COST AND FUNDRAISING: The cost is **\$450**. This cost includes a week of high adventure activities, meals, comfortable housing, bus transportation, T-shirts, and more. We are happy to be able to keep the cost of camp consistently lower than others for the past several years. There will be two fundraising opportunities available through Fish Fry and one Sunday in the spring.

WHEN IS THE DEADLINE: *Space is limited*, please do not delay in getting your registration in. **Complete the following registration form completely and turn into the parish or school office with a \$100 down payment by no later than Tuesday, January 30th to participate in fundraising.**

If you have any questions or concerns, please contact me at cvelazquez@epiphanymn.org. *I will be on maternity leave starting mid-January, so please reach out to me before then with registration, cost, and fundraising questions.*

In Christ,

Carly Velazquez

Coordinator of Youth Ministry

High School Leader Application

For High school teen to complete fully.

Please give at least a three to five sentence answer on each. Answer thoroughly and honestly.

1. Briefly share what your relationship with Jesus is like.
2. What are some concrete examples of how your life has been changed through your relationship with God?
3. Describe your prayer life. Include when and how you pray and what spiritual resources you may be using to deepen your faith.
4. Describe three strengths and two weaknesses you possess in relating positively with others.

5. Why do you want to be on the Extreme Team / Prayer Team?

6. Please list the areas in which you serve and give back at Epiphany.

EXTREME FAITH CAMP 2024

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant's name: _____

Date of birth: _____ Gender: Male/Female Grade (2023-2024yr): _____

Parent/Guardian's names: _____

Home address: _____

Main Phone: _____ Phone #2: _____

Email Address: _____

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 2024 Student Cost: \$450.00

Date of event: Saturday, July 6th – Friday, July 12th, 2024

Destination of event: Trinity Woods Camp, Trego, WI

Individual in charge: Carly Velazquez, Coordinator of Youth Ministry

Estimated time of departure and return: Saturday at 11am 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 you wish for your child to NOT be given any 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: _____

Fundraising Information

Dear Parents,

Attached is a request to participate in fundraising for EFC 2024. Epiphany is **not** responsible for covering any of the cost for Extreme Faith Camp registration and **cannot promise any family a certain amount per fundraiser**. Amount given per child depends on:

1. The number of shifts worked.
2. The number of teens volunteering.
3. The amount of money donated by parishioners.

There are 2 fundraising opportunities.

1. Consists of helping set-up, serve, or clean-up at Fish Fry on Faith Formation's evening which will be communicated to you at a later date.
2. Consists of helping after the 7:30 am, 9am, and 11am Masses at hospitality to serve drinks, donuts, and clean-up on April 21st

Students must participate in one shift to raise funds, and can do all shifts. The more shifts worked, the more money you raise. ***Our fundraiser is only open to Epiphany parishioners or Epiphany Catholic School students.***

These fundraisers are primarily for families who need the financial assistance, not those who wish their child to earn their camp. This is a wonderful attitude to have, and we do not wish to discourage this ideal. *However, the more participants we have, the less money each child actually raises, which affects families who depend on the financial assistance.* If you would like to have your child participate in the fundraiser but give their funds to another student who is in need, please mark this on your form on the last box.

A \$100 deposit is still required upon registration, even if you plan to fundraise. The amount of money to be credited to your registration will be determined after the April 21st fundraiser date. You can also pay for your full camp registration immediately, if you choose not to participate in fundraising.

Please fill out the next page completely if you wish to participate in fundraising.

Request to Participate in Fundraising: Extreme Faith Camp 2024

**Please fill out this form *in its entirety* to participate in fundraising sponsored by the Church of the Epiphany for Extreme Faith Camp 2024.

Participant's Name: _____

Parent/Guardian's Name: _____

Cell Phone: _____ Home Phone: _____

Email address (parent/guardian): _____

For Parent/Guardian: Please check all that apply.

- I understand that by registering my child(ren) for Extreme Faith Camp, I am responsible for the registration costs, regardless of how much is fundraised through the Church of the Epiphany's fundraising opportunities.
- My child is ready to serve to receive a percentage of funds raised for Extreme Faith Camp. We understand that we will sign-up for shifts using a sign-up genius sent out at a later date.
- I would like my child to participate in the fundraiser but wish to *donate* our portion to the general fund.

Please return this form by Tuesday, January 30th, 2024 in order to participate.