

Camp Maccabee 2017

**Specifics:** Week Long Camp so high school males can discover their true masculine spirituality.

**Location:** St Robert Bellarmine, St Robert, MO

**Dates:** Session 1: Sunday, July 16 through Thursday, July 21

Session 2: Sunday, July 23 through Thursday, July 28

**Cost:** \$150 (check payable to Camp Maccabee) due with Referral Letter from Pastor, completed registration, diocesan consent form, along with copy of health insurance card.

**Registration:** First Come/First Serve up to July 11, 2016

**Mail to:** Camp Maccabee, 21509 Hwy 161, Bowling Green, MO 63334

**Camp Maccabee  
Registration**

- 1) Full Name \_\_\_\_\_ / \_\_\_\_\_  
(name you go by)
- 2) Address \_\_\_\_\_  
City State Zip
- 3) Week that you plan to attend (please circle):      Session 1      Session 2
- 4) Grade entering \_\_ (Freshman) \_\_ (Sophomore) \_\_ (Junior) \_\_ (Senior)
- 5) Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_ Facebook \_\_\_\_\_
- 6) Alternative Addresses \_\_\_\_\_
- 7) Alternative Phone numbers \_\_\_\_\_  
(not camper's cell phone number)
- 8) Parish \_\_\_\_\_
- 9) Health Conditions \_\_\_\_\_ Dietary needs \_\_\_\_\_
- 10) Medications \_\_\_\_\_
- 11) T-shirt size \_\_ S \_\_ M \_\_ L \_\_ XL \_\_ XXL
- 12) Have you been to Camp Maccabee previously?

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Print Name and Date)

\_\_\_\_\_  
(Parent/Guardian Signature and Date)

\_\_\_\_\_  
(Print Name and Date)

Diocese of Jefferson City

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT (Transportation Provided)

please PRINT legibly

Youth Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Male Female (←please circle→) T-Shirt Size: S M L XL XXL XXXL

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other number where Parent/Guardian can be reached during event: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age & individuals age 18 or older who are in high school. Individuals age 18 or older and still in high school must also complete and submit a ADULT MEDICAL RELEASE AND LIABILITY WAIVER as well.

I, as parent or guardian of my child, do hereby agree to allow my child to participate in the event/ activity:

Event & Location: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

I acknowledge receipt of the attached information sheet describing the planned event/activity.

I acknowledge that \_\_\_\_\_ is providing transportation to and from the event/ activity. I acknowledge and assume the risk of this transportation for my child. My child must comply with the parish's rules and procedures. In consideration of the parish allowing my child to participate in the event/activity, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, the Diocese of Jefferson City, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action and claims arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the event/activity, including transporting my child to and from the event/activity.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian's expense.

Youth Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

VIDEO/PHOTOGRAPHY CONSENT

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry &/or the Diocese of Jefferson City. (Participants would not be identified, however, without specific written consent.) Please note that the Parish has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

I hereby expressly assign to the Diocese of Jefferson City, and to all it's agents all the rights, title and interest in, and to all photos/ videotape recordings made by such in which my child appears and/or his/her voice is used in and in connection with the videotaping of this event. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs/videotape recordings.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Diocese of Jefferson City

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT

please PRINT legibly

**Medical Matters**

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

**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Medications**

\_\_\_\_\_ I hereby **Grant Permission** for my child to be given the following provided medications. My child will bring all such medications, well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] (Please initial)

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

**Medical Conditions Information:** (Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My child:

- Is allergic to the following medications \_\_\_\_\_
- Has had an episode of the following or has been diagnosed with:  Seizures  Asthma  Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) \_\_\_\_\_
- Has had a medical surgery within the last six months?  Yes  No Still under doctor's care?  Yes  No
- Has a medically prescribed diet (please explain) \_\_\_\_\_
- Has the following physical limitations \_\_\_\_\_
- Immunizations current and up to date?  Yes  No Date of last tetanus/diphtheria immunization \_\_\_\_\_
- You should also be aware of these special medical conditions of my child: \_\_\_\_\_

**Insurance Information:**  No, I do not carry medical insurance at this time.

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Parental/Guardian Consent Form, Liability Waiver & Medical Consent knowingly, freely, and willingly.

Parent/Guardian Signature (must sign for any participant under 18 &/or 18 or older & in high school) \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature (participant 18 years of age or older must sign) \_\_\_\_\_ Date \_\_\_\_\_

**Camp Maccabee**

ASSUMPTION OF RISK AND RELEASE AGREEMENT

Location: **344 Holly Oaks Ln, Camdenton, MO 65020**

Start Date: [ \_\_\_\_\_ ]

End Date: [ \_\_\_\_\_ ]

I/We, the undersigned, the parent(s) or legal guardian(s) of \_\_\_\_\_ (“Student”) do hereby consent to Student’s participation in Camp Maccabee (“Activity”).

I am/We are fully aware of the risks and hazards connected with the Activity, which I/we understand could lead to bodily injury to Student and/or, among other things, loss or damage to Student’s property. In consideration for allowing Student to participate in the Activity, I/we hereby release, discharge and hold harmless \_\_\_\_\_ **[name of Parish]**, the Diocese of Jefferson City, Mike and Val McGrath, and its and their affiliates, employees, volunteers and agents (hereinafter referred to as “Releasees”) from any and all liability to Student, for any and all injury, loss or damage, and any claim or damages resulting therefrom, on account of any injury to Student’s person and on account of any injury to Student’s property, whether caused by the negligence of Releasees or otherwise while Student is participating in any manner in the Activity or on route to or from the destination where the Activity is being conducted. In the event that any action or claim is brought against any Releasees related to the Activity and Student’s participation therein, I further agree to indemnify any and all Releasees from all of their damages and costs, including attorney’s fees resulting from such action or claim.

I/We give permission to the Parish and the Diocese to publish, reproduce and display photographic images, video images and/or audio recordings of Student’s participation in the Activity for use in all media, electronic or otherwise, in connection with their publications, advertisements and/or web pages.

In case of medical emergency, I/we, the undersigned, do hereby request and consent to examination and treatment of Student by any duly licensed medical professional or health care facility, and further accept full financial responsibility for charges for same, including ambulance charges.

IN SIGNING THIS ASSUMPTION OF RISK AND RELEASE AGREEMENT, I/WE ACKNOWLEDGE AND REPRESENT THAT I/WE HAVE READ THE FOREGOING AGREEMENT, understand all its provisions, and sign it voluntarily as my/our own free act and deed. I/We warrant that no oral representations, statements, or inducements apart from the foregoing written agreement, have been made.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

Parent/Guardian Information

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home number \_\_\_\_\_

Cell phone \_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name any allergies, health conditions or medications taken on a regular basis:

\_\_\_\_\_

\_\_\_\_\_

## Items you will need for Camp Maccabee

### Clothing:

You will need shorts, swimming trunks, underwear, socks, and appropriate t-shirts. Be sure to bring enough for 5 days. Remember that some of the clothing will get wet (float trip), stained (paint ball and warrior dash). Please plan ahead for this.

Appropriate: shirts with sports logos, shirts with religious sayings, plain shirts. A camp shirt will be given to you. We highly recommend an athletic cup for the paintball. All other gear is provided for.

Inappropriate: shirts with sexual innuendo, sarcasm, and demeaning sayings. While shirts with cut off sleeves, tank tops, muscle shirts, are fine for outdoor activities, we ask that you do not wear them into chapel events. Shorts should be without rips, holes and wear patches.

Shoes: We recommend a pair of athletic shoes, a pair of shoes for water events, and a pair of shoes with good treads for the warrior dash which you do not mind getting muddy.

### Toiletries:

You will need soap, shampoo, deodorant, toothbrush/paste, and any other personal hygiene products. You will not need DEET/bug spray, sunblock, and most over the counter medications, as these will be provided for by the camp. All prescriptions will be given to Fr Bill upon arrival at the Camp. These will be dispensed as directed. Epipens will go where we go at all times.

### Other:

You will need a sleeping bag and pillow and towels. While on the St Robert campus, an air mattress will be provided. You will need the sleeping bag for our two off campus nights. Tents will be provided. If you do not have a sleeping bag, please indicate this on the agreement you signed. We have a few new sleeping bags we would be happy to lend you for the week.

You will not need dress clothes, money or anything mentioned as contraband in sections A and B of the behavior agreement. All events for this camp are covered by the camp. All food and drink will be provided by the camp. Just bring the above items and a good attitude.

\* The ban on cell phones, especially smart phones, stems from the fact the photos can be taken and the net can be accessed. To prevent anything inappropriate or even illegal from being accessed or photographed, we ask that such devices be left home or surrendered to Fr Bill upon arrival. Because your child may not do this does not mean that no other camper will not seize the device and do something with it. There will be no exceptions to this.

**If you are 16 years old or older at the time of the camp, you will need a fishing license**

We look forward to seeing you at Camp Maccabee this year. If you are a new camper, we assure you that if you are willing to participate that you will get much out of this camp. If you are returning to us, I can assure you will find many new things happening. Every year, we try to mix up the schedule and add new events. As with all things, what you get out of it is what you will put into it. To make this an optimum experience, we make the following suggestions and policies regarding Camp Maccabee this year: Please initial where so instructed:

**Behavior agreement for Camp Maccabee**

A) Camp Maccabee is a time to unplug from your normal day to day life. We ask that you do not bring tablets, I-pads, I-pods, MP3 players of any sort, smart phones, cell phones, laptop computers, hand held video games, and such. You will have limited access to wi-fi anyway and many places we will go do not have adequate cell coverage. We intend to keep too busy to have time to play with these devices. All cell phones brought are to be given to Fr. Bill upon arrival. My cell phone and the cell phone of Fr. David Veit will be available to your parents (573-338-0061 for me and 660-676-3112 for Fr Veit) for contact. \_\_\_\_

B) Camp Maccabee is about providing a safe Catholic environment. All prescription medications will be kept by myself. The camp will provide standard over the counter medications which will also be dispensed by the aforementioned individuals. The following items are contraband: all firearms, tobacco products, alcohol, and narcotics. Any camper found with these items will be immediately sent home or, if appropriate, handed over to local law enforcement. There is zero tolerance for use of these. \_\_\_\_

C) Camp Maccabee works when those who come are willing to be engaged in what is happening. We ask that you bring your best attitude. That attitude is to be shown in all aspects of the camp: activities, prayer, and fellowship. We expect you to respect the property of your fellow campers and staff, the property of St. Robert Bellarmine parish, and the property of the various locations to which we will be going. Bullying, as it runs contrary to our Catholic faith, will not be tolerated. Prepare yourself for a positive experience by coming with a positive attitude. \_\_\_\_

D) Camp Maccabee is a Roman Catholic Camp. Hence the moral code is Roman Catholic. We wish to instill the virtues of leadership, courage, and strength in each participant. We expect you to be honest, patient, and willing to engage even when you wonder if you can. The staff is here to help you be the best version of yourself you can be. \_\_\_\_

We ask both you and your guardian to sign this document and bring it with you to the camp. As men, we do have the full expectation of both your willingness and ability to be a man of your word. We look forward to seeing you.

\_\_\_\_\_  
Camper

\_\_\_\_\_  
Guardian