

Gaspar River Catholic Youth Camp & Retreat Center

2695 Jackson Bridge Road • Bowling Green, KY • 42101 • 270.781.2466 • www.gasperriverretreatcenter.org

Camper Registration Form

To Register:

1. Complete the Camper Registration Form, and Forms A and D (5 pages total).
2. Mail completed Camper Registration Form, and Forms A and D with **\$50.00 deposit** to the address listed above. Please make checks payable to **Gaspar River Catholic Youth Camp**. Registration must be received at least 10 days before the start of the camp. **The remaining balance is due by May 31**. Any registrations made after May 31, must be paid in full. Refunds are available upon request more than five days before the camp begins, less a \$20.00 non-refundable administration fee.

Family Information		
Parent/Legal Guardian 1	Parent/Legal Guardian 2	Family Mailing Address
Last Name	Last Name	Street
First Name	First Name	City
Home Phone ()	Home Phone ()	State
Work Phone ()	Work Phone ()	Zip
Cell Phone ()	Cell Phone ()	
E-mail	E-mail	
Emergency Contact Information (contacted if parents can not be reached)		Parish/Referral Information
Emergency Contact 1	Emergency Contact 2	Parish Name
Full Name	Full Name	Parish City & State
Relationship	Relationship	Referral Source (please check one):
Home Phone ()	Home Phone ()	<input type="checkbox"/> Friend <input type="checkbox"/> Youth Group <input type="checkbox"/> Repeat Camper
Work Phone ()	Work Phone ()	<input type="checkbox"/> School <input type="checkbox"/> Parish/Bulletin <input type="checkbox"/> Facebook/Web
Cell Phone ()	Cell Phone ()	<input type="checkbox"/> Youth Conference <input type="checkbox"/> Other _____
Camper Information		
Camper Profile		Camper Medical Information
Last Name		Health Insurance
First Name		Doctor's Name
Date of Birth		Doctor's Phone
Gender (circle one) Male Female		List all camper allergies (to food, medication, any)
Grade entering in the fall		
School		List all camper medications, dosages, and purposes (ALL medications brought to camp are handled by the Camp Health Care Provider.)
Camper's E-mail		
Shirt Size Child: Adult: S M L XL (circle one) M L XXL XXXL		
Cabin Mate Request (limit one)		Dietary Restrictions/Needs

Camp Session

Specific Camp Name:	Tier Payment:
Camp Date:	

Camp Departure Information

Who CAN pick up this camper?

Parent/Guardian #1 Name	Designated Person #1 Name
Parent/Guardian #2 Name	Designated Person #2 Name

I give my consent for the person/persons listed above to be the only person/persons to transport my child from Gasper River Catholic Youth Camp & Retreat Center. The Gasper River staff will **NOT** allow my child to leave the premises with anyone other than those named above.

_____ Parent/Guardian Signature	_____ Date
------------------------------------	---------------

Is there anyone who MUST NOT pick up this camper?

Person #1	Person #2
-----------	-----------

SIGN BELOW AT CONCLUSION OF CAMP:

Camper picked up by:

_____ Signature of person picking up camper	_____ Signature of Gasper River Staff	_____ Date
--	--	---------------

Agreement/Liability Release

In signing this form, I/we, the parent(s) and/or legal guardian(s) of the child named below, hereby certify that the above information is correct and give permission for the use of photographs including my/our child in camp publicity and on Gasper River Catholic Youth Camp & Retreat Center's (GRCYCRC) web page, and for release of medical records for insurance purposes in case of illness or accident. I/We realize that children at camp can become ill and need medical attention. I/We hereby give permission to the Camp Health Care Provider to give over-the-counter medication to my/our child as proper treatment as deemed necessary for minor ailments. I/We hereby request permission for my/our child to participate in any and all activities of the GRCYCRC. I/we realize that children at camp can injure themselves without fault on the part of the Gasper River personnel. I/We do hereby further generally, fully, completely and absolutely hold harmless the Roman Catholic Diocese of Owensboro and the Gasper River Catholic Youth Camp & Retreat Center, including but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers and chaperones from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise agree to submit my/our insurance carrier first, and will only use GRCYCRC's insurance plan as a secondary insurance. In case of emergency I/we understand that every effort will be made to contact me/us. In the event that I/we cannot be reached, I/we hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my/our child as named below. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

_____ Camper's name	_____ Signature of Parent/Guardian	_____ Date
------------------------	---------------------------------------	---------------

I understand the above permission form, agree to it, and I will cooperate with the program and policies of the GRCYCRC.

_____ Camper's Signature	_____ Date
-----------------------------	---------------

Reservations will not be confirmed until Camper Registration Form, Forms A and D, and the deposit have been received and processed by the Gasper River office. Confirmation letters will then be mailed/e-mailed to parent/guardian and camper.

FOR OFFICE USE ONLY			
Camp Registered In		Amt. Pd.	
Deposit Date		Check #	

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

Name/Address of Institution (Parish, School, etc.) Sponsoring Activity _____

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS

Minor Participant's Name _____ Male/Female (circle) Birthdate ____/____/____

Address _____ Phone _____

Father's _____ or Legal Guardian's _____ Name _____

Home Phone _____

Home Address _____ Work/Cell Phone _____

Mother's _____ or Legal Guardian's _____ Name _____

Home Phone _____

Home Address _____ Work/Cell Phone _____

In an emergency, please notify (Name/Phone #): _____

Name of Individual In Case Parent/Guardian Cannot Be Reached: _____ Phone: (____) _____

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME _____

Name anyone who is restrained from picking up the child. _____

HEALTH HISTORY:

Child's Physician: _____

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: _____

Name of any **prescription medications** and concise directions, including dosage and frequency of dosage: _____

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given: Acetaminophen _____ Yes _____ No

Ibuprofen _____ Yes _____ No

Any allergies (food, latex, animals, etc?) Yes/No _____ Allergic to any medications? Yes/No _____

If yes, explain: _____

Date of last tetanus shot _____ Contact lenses? Yes/No _____

Any swimming restrictions: _____ Yes _____ No What? _____

Any activity restrictions? _____ Yes _____ No What _____

(OVER)

Revised October 2012

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS (cont'd.)

Consent for Emergency Care

I/We, the undersigned parent(s)/guardian of _____ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

*** Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: _____ Date: _____

Witness to Signature: _____ Date: _____

Health Insurance Company (that covers above-named child): _____

Insurance Policy #: _____ Group #: _____

PERMISSION FORM & LIABILITY RELEASE

PURPOSE: This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school-sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

--I hereby consent to the use of a photograph of my child for the purpose of publication. ____ Yes ____ No

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

IF THERE ARE ANY CHANGES IN THE INFORMATION ON THIS FORM, IT IS YOUR RESPONSIBILITY TO NOTIFY THE APPROPRIATE LEADER AND GET THE FORM UPDATED. (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.)

Revised October 2012

**GRADES 4 - 6
CODE OF CONDUCT
FOR PARISH-, SCHOOL-, & DIOCESAN-SPONSORED ACTIVITIES WITH YOUTH**

The Offices of Catholic Schools, Faith Formation and Youth Ministry provide opportunities that allow young people from all over the Diocese of Owensboro to be educated, grow in their faith, have a fun time, and form Christian friendships. All that we do stems from our belief in Jesus Christ and the following of his teachings. Therefore, we have certain expectations of the children, youth, and adults who participate. To ensure a safe and enjoyable time for everyone, the following policies are in effect for all parish, school, and diocesan-sponsored activities with youth. It is the responsibility of the parent/guardian to explain this Code of Conduct to their child.

I will treat everyone kindly and not harm them in any way either by words or actions.

I will take only what is given to me and not take anything which belongs to others without permission.

I will not be selfish. I promise to treat other boys and girls as if they were my brothers or sisters or best friends.

I will speak truthfully, kindly and gently and not tell lies or say hurtful things to anybody or about anybody.

I will take care of my body and not use alcohol or drugs. I will not possess, use or threaten use of any object to injure another person. (e.g. knives, guns, weapons) The Diocese has in place Search & Seizure Policies (available upon request-policy 200:9).

I will follow the instructions of my adult supervisors to the best of my ability.

I will follow established rules of my school/parish and take responsibility for my own actions.

If I become aware of any violation of this Code of Conduct by a peer, it is my responsibility to notify my supervising adult as soon as possible.

YOUTH PARTICIPANT/STUDENT: _____
Print Name

I understand that any action inconsistent with this Code of Conduct may result in appropriate disciplinary action.

X _____
Signature of Participant/Student Date

X _____
Signature of Parent/Guardian Date

The Diocesan Policy states, "at least two supervising adults should be present when there is only one minor, and at least two participants should be present when there is only one supervisory adult." Please explain this to the child. It is the responsibility of the parent/guardian to see that children arrive and are picked up at designated times to avoid violation of the above mentioned policy.

Revised August 2010

--For school events if the teacher, staff contact, or an adult supervisor is in attendance, that person should keep this form. If youth are not accompanied by school representative, then forms should be forwarded to appropriate school office PRIOR to event.

Diocesan Search and Seizure Policy: To safeguard all involved, adults may feel the need to make a physical inspection of a person or his/her possessions. If an adult asks a student/participant to hand over something, that is not considered a search. If an adult asks a student/participant to take something out of his/her pocket, that is not considered a search. One only needs to have another adult present if a student/participant is searched.

Schools shall include this Search and Seizure policy in the Parent-Student Handbook.

Diocesan Search and Seizure Policy states:

1. No search shall be conducted unless there are reasonable grounds to believe the search will reveal evidence of a violation of the Code of Conduct or the law.
2. Two adults must be present for a search. Searches shall only be conducted by those directly responsible for the person's conduct (e.g. Director/Coordinator of Faith Formation, youth minister, teacher/principal, parish chaperone, etc.) along with another adult witness.
3. When a search is conducted, either the conductor of the search or the adult witness must be the same gender as the subject of the search.
4. **Searches:**
 - a. **do NOT involve touching** of the participant by an adult—Note: NO PAT-DOWN SEARCHES
 - b. **are limited** to a person's outer clothing, pockets, or his/her personal effects (e.g. handbags, backpacks, etc.)
 - c. may include requiring participant to empty pockets or personal items
 - d. may include requiring participant to pull pants legs up and pull socks down
5. Only legal authorities (i.e. police) have authorization to conduct pat-down searches.
6. No search shall be conducted in the presence of any other participant (except the parent/guardian of the person being searched, if he/she is in attendance).
7. Legal authorities, if appropriate, and parent/guardian will be notified immediately.
8. Items that may be seized are illegal items (e.g. weapons, drugs, etc.) and any other possessions reasonably determined by authorized personnel to be a safety/security threat.
9. Other items may be seized temporarily if they disrupt or interfere with the individual's or others' participation. Such items will be returned to the participant at the end of the activity. (Examples include cell phones and other electronic equipment, keys, etc.)
10. Those who fail to cooperate with search request shall be subject to other disciplinary action.

NOTE: School or parish property does not belong to the student/participant. It is recommended that schools and programs include a policy in the parent/student(participant) handbook that states "the school/parish is co-tenant of lockers and desks and reserves the right to search them at any time without notice."

Revised August 2010