

ST. VINCENT'S SUMMER CAMP

Counselor Registration Form

COUNSELOR INFORMATION

Name: _____ Age: _____ Sex: MALE FEMALE

Date of birth: _____ E-mail: _____

Current address:

City: _____ State: _____ ZIP Code: _____

Grade entering: _____ Shirt size: _____ Phone: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Employer: _____

Phone: _____ Work Phone: _____ E-mail: _____

EMERGENCY CONTACT(S) (OTHER THAN PARENT/GUARDIAN)

Name: Phone: Relationship:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

INSURANCE INFORMATION

Name of insurance company: _____

Name of policy holder: _____ Policy number: _____ Group number: _____

Address where the bill is to be sent:

If you are currently not covered by health insurance, please check the following box.

I am currently not covered by health insurance.

(This information should be on the back of your insurance card.)

HORSE EXPERIENCE

Do you have any horseback riding experience? YES NO

If your child does have riding experience, please place your child into the appropriate riding category by placing a checkmark or "X" in the box next to one of the following descriptions:

BEGINNER (0 -25 hrs) – Never ridden or rides occasionally. Can safely handle the horse at a walk.

INTERMEDIATE (25 to 75 hrs) – Rides occasionally. Is confident and in control of the horse at a walk and trot. Has the ability to guide the horse. Knows how to neck rein, bring the horse to a stop quickly and safely and can back the horse safely. Can stay in balance with the horse at a trot.

ADVANCED (above 75 hrs) – Rides frequently. Knows how to lead, groom, bridle and saddle. Can control the horse at a walk, trot, canter and gallop. Can execute safe and smooth transition from canter to trot/walk. Has the ability to stop the horse quickly and safely. Can stay in balance with the horse at trot, canter and gallop.

LIABILITY STATEMENTS

Please place a checkmark next to each statement to indicate that you have read, understand and agree to each item listed.

I understand that I will come to get my child if he/she violates the code of behavior (see attached). I will cover any cost that my child incurs from destruction of property. I therefore grant consent for my child to participate in this year's summer camp. My child will be under the supervision of the camp director(s) and the parish youth minister, and I remain fully responsible for any legal matters which may result from any personal actions taken by my child. I agree on behalf of myself, my child named herein, my heirs, assigns, executors and personal representatives to hold harmless and defend St. Vincent de Paul Parish, Diocese of Wheeling Charleston, it's officers, directors, agents, employees or representatives associated with St. Vincent de Paul Summer Camp from any and all liability claims, loss or damage arising from or in connection with my child's participation in this year's camp. I also will not hold St. Vincent Summer Camp responsible for my child's lost, stolen or damaged possessions while at camp. I agree that my child's name and/or image may be used in any form of media without receiving compensation. I authorize the camp director(s) or youth minister to act on my behalf for any medical needs.

Signature of parent/guardian:

Date:

ST. VINCENT'S SUMMER CAMP
Counselor Registration Form

MEDICAL INFORMATION

May we dispense over the counter medications, such as aspirin, Tylenol and antacids to your child to help with symptoms related to headache, sore throat, stomach problems, etc.? Please circle YES or NO

I. Allergy Information:

1. Type:

Reaction:

Treatment:

2. Type:

Reaction:

Treatment:

3. Type

Reaction:

Treatment:

II. Medications: (please note: all medications, including over the counter and prescriptions must be turned in to medical staff at the beginning of the week. All medications will be distributed by camp medical personnel.) **All information is strictly confidential.**

Medication:

Reason:

Medication:

Reason:

Medication:

Reason:

III. Physical or Emotional Impairments **All information is strictly confidential.**

Please list below any physical/emotional impairments/problems.

1.

2.

IV. Other Medical Conditions. **All information is strictly confidential.**

Please list any other medical conditions/surgeries that may limit your child's activity while attending camp.

1.	
2.	
Is there anything you would like to share with us so we can better care for your child? Please comment in the space below.	
V. Vaccinations	
Date of last tetanus shot:	Date of last D.T.P. vaccination:
Date of last M.M.R. vaccination:	Comments:
Signature of parent/guardian:	Date:

For office use only:
Date registration recorded: _____ Recorded by: _____ Deposit amount: _____
Comments: _____

CODE OF BEHAVIOR

1. YOU ARE EXPECTED TO ATTEND ALL ACTIVITIES AND PARTICIPATE FULLY.
2. ABSOLUTELY NO PRANKING WILL BE TOLERATED. THOSE INVOLVED IN ANY PRANKING WILL BE REMOVED FROM CAMP IMMEDIATELY.
3. NO MIXED COMPANY IN THE DORMS. NO INAPPROPRIATE SPEECH OR CONTACT (SEXUAL, MALICIOUS, OR OTHERWISE).
4. THE POSSESSION OF ALCOHOL OR ILLEGAL DRUGS IS CLEARLY PROHIBITED AND IS CAUSE FOR IMMEDIATE NOTIFICATION OF PARENTS, LAW ENFORCEMENT, AND IMMEDIATE DISMISSAL FROM CAMP.
5. USE OR POSSESSION OF ANY TOBACCO PRODUCT IS PROHIBITED.
6. ANY DAMAGE TO THE FACILITY WILL BE THE FINANCIAL RESPONSIBILITY OF THE PARENTS OR GUARDIAN.
7. ALL YOUTH CAMPERS ARE ACCOUNTABLE TO ALL ADULTS AND COUNSELORS. ALL COUNSELORS ARE ACCOUNTABLE TO ALL ADULT STAFF.
8. YOU ARE REQUIRED TO REMAIN IN YOUR DORM AFTER YOUR CURFEW.
9. NO WEAPONS OF ANY KIND. INCLUDING PEN KNIVES, POCKET KNIVES, FISHING KNIVES, OR ANYTHING THAT COULD BE CONSIDERED OR CONSTRUED AS A WEAPON.
10. I WILL WEAR A SAFETY VEST AT THE LAKE WHILE I AM NEAR THE WATER AND IN THE BOAT. 11. I WILL BE KIND, CONSIDERATE, AND RESPECTFUL TO ALL PEOPLE.

CAMPER'S/COUNSELOR'S RESPONSIBILITY STATEMENT

SIGNATURE OF CAMPER OR COUNSELOR :

Date:

PARENT(S) OR GUARDIAN(S) RESPONSIBILITY STATEMENT

I have reviewed the Code of Conduct and agree to all applicable conditions and terms to which my child is accountable.

SIGNATURE OF PARENT OR GUARDIAN:

Date:

ST. VINCENT'S SUMMER CAMP REGISTRATION CHECKLIST

Please check off each part and return with your application

1. REGISTRATION FORM _____

- a. _____ T-SHIRT SIZE
- b. _____ PARENT / GUARDIAN INFORMATION
- c. _____ INSURANCE INFORMATION
- d. _____ HORSE RIDING INFORMATION
- e. _____ LIABILITY STATEMENTS
- f. _____ PARENT MEDICAL AUTHORIZATION
- g. _____ SIGNED AND DATED

2. MEDICAL FORM _____

- a. _____ INFORMATION COMPLETE & VERBOSE*
- b. _____ SIGNED AND DATED

*incomplete information in required areas will delay processing

3. CODE OF BEHAVIOR _____

- a. _____ SIGNED AND DATED BY CAMPER /
COUNSELOR
- b. _____ SIGNED AND DATED BY
PARENT / GUARDIAN

4. NON-REFUNDABLE DEPOSIT (\$50) _____

(ALL CHECKS / MONEY ORDERS PAYABLE TO ST. VINCENT'S SUMMER CAMP)

Total fees are as follows: \$200 per individual counselor.

5. TO ASSIST IN OUR GOALS OF PROVIDING AN ENJOYABLE EXPERIENCE FOR YOUR CAMPER, PLEASE LIST NAMES OF FRIENDS THAT ARE ALSO GOING TO CAMP, IF APPLICABLE. (NO GUARANTEES OF GROUP PLACEMENT)

THINGS TO BRING

THE FOLLOWING IS A LIST OF DETAILS YOU WILL NEED TO KNOW:

DEPARTURE: BUS LEAVES ST. VINCENT DE PAUL CHURCH PARKING LOT AT 2PM ON SUNDAY. PLEASE BE AT CHURCH PARKING LOT NO LATER THAN 1:30PM.

ARRIVAL: SATURDAY, BUS RETURNS TO ST. VINCENT'S SCHOOL PARKING LOT AT APPROXIMATELY 5:00 PM – 6:00 PM.

CAMP ADDRESS: ST VINCENT'S SUMMER CAMP

C/O BISHOP HODGES PASTORAL CENTER

RT 1 BOX 9D

HUTTONSVILLE WV 26273

1-304-335-2130 (RINGS AT CAMP)

1-304-335-2165 (RINGS AT CENTER - NOT CAMP)

* It would be nice for all of the youth to receive a letter from home. Be sure to send it early!

ITEMS TO BRING:

- 1 SUITCASE AND/OR 1 DUFFEL BAG PER PERSON
- CAMERA
- WATCH
- SLEEPING BAG OR BEDROLL (INCLUDING SHEETS, BLANKET AND PILLOW)
- FLASHLIGHT
- OUTDOOR APPAREL / CLOTHING
- JEANS/LONG PANTS (REQUIRED FOR HORSEBACK RIDING)
- JACKET/SWEATSHIRT (EVENINGS ARE COOL) & RAIN GEAR
- TWO PAIR OF ATHLETIC SHOES
- 1 PAIR OF HIKING BOOTS OR STURDY SHOES (RECOMMENDED)
- SWIMSUIT AND BEACH TOWEL (RECOMMENDED)
- TOWELS AND WASHCLOTH
- TOILETRIES AND PERSONAL CARE PRODUCTS (SOAP, TOOTHBRUSH, TOOTHPASTE ETC.) • BALL GLOVE, TENNIS RACKET, FISHING POLE, ETC. (OPTIONAL)
- SUN SCREEN (RECOMMENDED)
- 1 WHITE ARTICLE TO BE TIE-DYED (SHIRT, SOCKS, PILLOW CASE, ETC.)

PLEASE LABEL THE THINGS YOU BRING, LIKE CAMERAS, BALL GLOVES, TENNIS RACKETS, ETC.

Things NOT to bring: Pen Knives, Walkie Talkies, Glitter, Mentholated Shaving Cream

SPACE IS LIMITED FOR LUGGAGE ON THE BUS – PACK LIGHT!

WE WILL NOT BE ABLE TO PROVIDE DINNER AT THE CAMP ON SUNDAY.

The bus will stop for dinner on Sunday, and for lunch on the return trip, at a plaza of fast food restaurants.

Please make sure your child has money on hand for these expenses.

Also, we will have a canteen (store) open every night, which will sell soft drinks, candy, etc.

Campers will need small change for these purchases, and virtually all items are sold at cost.

PLEASE DO NOT SEND LARGE BILLS!

A snack will be provided nightly for those who do not wish to purchase anything from the canteen.

IN ORDER TO PROVIDE THIS SNACK, WE ARE ASKING EACH OF YOU TO BRING 2 - 3 DOZEN COOKIES/BROWNIES, ETC.

TO THE CHURCH PARKING LOT ON THE **THURSDAY** EVENING PRIOR TO CAMP. WE WILL BE LOADING CAMP MATERIALS AT THIS TIME, AND WILL TRANSPORT THESE BAKED GOODS.

*****CAMPERS AND COUNSELORS WHO WISH TO TAKE PHOTOGRAPHS DURING THE WEEK MUST BRING A CAMERA. CELL PHONES WILL BE PROHIBITED OUTSIDE OF DORMS*****

The Diocese of Wheeling-Charleston has implemented a dress code that states the following: "All clothing should be modest in nature and free from scandalous/inappropriate graphics or text. Clothing advocating for drugs or alcohol is prohibited. Guys must wear shirts at all times except in the pool area. Females are to wear bathing suits that are modest in nature, covering like a traditional one-piece. If someone doesn't have such swimwear, a dark colored shirt may be worn over their bathing suit." ****

PLEASE DETACH AND KEEP THIS PAGE