

Diocese of St. Augustine

Parent Permission and Release of Liability

Ministries and Agencies

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Diocesan Entity: _____

Name of Program: _____

Beginning Date: _____

Ending Date: _____

For and in consideration of the above child being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless the Diocese of St. Augustine, Victor B. Galeone, as Bishop of St. Augustine, a corporation sole, Bishop Victor B. Galeone, individually, and the above named diocesan entity, all organizers of this program, all volunteers, chaperones, employees and agents of the said parties, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above program, any activities of the program, and while being transported to and from the program. The undersigned agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative, further acknowledges that he / she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this program to obtain medical treatment for my child in the unlikely event of an injury or illness during this program and I agree to pay any expenses incurred for such treatment.

(Parent / Guardian / Representative Signature) (Parent / Guardian / Representative Name) _____
(Date)

(Witness Signature) _____
(Witness Name) _____
(Date)

(Witness Signature) _____
(Witness Name) _____
(Date)

Diocese of St. Augustine

Parent / Guardian Medical Release

Child's Name: _____ Date of Birth: _____

Parent / Guardian Name: _____

Home Address: _____ Home Phone: _____

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.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to Marywood Retreat Center's employees, volunteers, or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Marywood Center's representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and / or anesthesia and / or surgery for my child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy Number: _____

I make the following exception: _____

My Child's Medications / Dosages: _____

Medication: _____ Dosage: _____ Doctor: _____

Medical Problem or Condition (allergies, diabetes): _____

Condition: _____ Symptoms: _____

Physical Disabilities: _____

Signature of Parent / Guardian Date

OTHER MEDICAL TREATMENT: In the event it comes to the attention of Marywood Center volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to directions.

Signature of Parent / Guardian Date

2007

Dear Parents,

A little known fact of Camp Risk is that your kids get homesick. Most are having a marvelous time but each camper experiences some kind of homesickness.

You can help and here's how. Each day (Monday through Friday) we have an afternoon mail call. We encourage all parents, grandparents and even siblings to send cards, notes and letters for us to pass out each day. This little connection from home helps each camper who receives one.

There are two ways to get us these letters. First, you can bring them with you at the check in on Sunday night. Labeling each one Monday, Tuesday, Wednesday, etc. helps us too. Make sure their first and last names are on each. You would not believe how many Brittanys and Johns we have each week.

Secondly, if you wish to mail these cards you can do so by sending them to the following address:

Your Child
C/O Marywood - Camp Risk
1714-5 State Road 13
Jacksonville, FL 32259

In advance, thanks from the camp counselors and from your very own "camper."

Sincerely,

Jim and Shelly Hughes
Camp Directors

P.S. SHHH! It is a surprise!!!



Camp Risk 2007 - Camper Info Sheet

Please complete this form by June 1 and return it to:

Camp Risk

c/o Marywood Retreat Center

1714-5 State Road 13

Jacksonville, FL 32259

Name _____

Name on badge _____

Camp Week _____ June 24-29 _____ July 1-6 _____ July 8-13

Parish (if Catholic) or Faith Denomination

Have you attended Camp Risk before? Yes or No

If yes, please state past counselor's name and/or color team

Interest questions:

Things I like to do (hobbies, sports, interests, favorite foods, etc.)

Anything else you want us to know about you
