

#### (Registration Form---Please Print)

Name			
Address			
City	State_		Zip Code
Daytime Phone	:	Evening Phone	
E-mail Address	<u>.                                    </u>		
Age	Birth date	Year in scho	ool
Your Parish		Pastor	
		ncludes room and boar	rd, meals, 2 shirts, cap, snacks
and disc	ernment material.		
publications, w of the Diocese written consent Office for Voca	of Lubbock. (Participants .) Participants who do not	published from time to twould not be identified, wish to be photographe of that the Diocese of L	time by the Office for Vocations however, without specific ad or filmed should notify the subbock has no control over the
Signature (Pare	nt or guardian if under ag	e 18)	Date

## **REGISRATION DEADLINE: JULY 23**

Please return Registration Form, Health Form, and Parental Consent Form to:

Sister Olivia Rico

4620 4<sup>th</sup> Street

Lubbock, Texas 79416

Is your daughter in general good health and able to participate in all normal youth

(Health Form---Please Print)

activities?		
Yes No		
Please explain limitati	ons	
Allergies (food, drugs,	insects, etc.)	
Madiantian(a) annuant	lu kaina takan	
Medication(s) current	iy being taken	
Other information (in	juries, special needs,	etc.)
<b>Health Insurance Car</b>	rier	Policy/Group Number
	. T. C	
<b>Emergency Cont</b>	act Information	1
Full Name		Relationship
Address		
City	State	Zip Code
Home Phone	Other Num	aber(s)
Family Physician		
Physician's Phone		

### **Parent/Guardian Consent Form**

Parent/Guardian Name _				
Relationship to Participa	nt			
Home Address (if different from participant)				
Home Phone	Work	Cell		
I (name of parent/guardi	an)			
grant permission for (name of participant)				
		fice for Vocations of the Roman Catholic ssembly Campground, Floydada, Texas from		
I understand that the program will have competent adult supervision and reasonable and appropriate measures will be taken to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth event involves the risk of injury.				
I hereby grant my permission for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.				
Parent/Guardian Signatu	re	Date		
	n for nonprescription med etc.) to be given to my ch	ication (such as acetaminophen, ibuprofen, ild if deemed advisable.		
Parent/Guardian Signatu	re	Date _		

#### Personal items to bring to the camp:

- Sleeping bag or twin sheets, pillow and pillow case
- Small duffle bag to act as your storage
- Towel and wash cloth
- Bar of soap
- Shampoo, tooth brush, tooth paste, comb, deodorant
- Flip flops for shower area
- Casual clothing
- Undergarments
- Shoes for walking/hiking/sports
- Clothing for sports
- Swim suit
- Shorts
- Jeans (due to cactus near hiking trails)
- Sunglasses
- Camera if desired
- Your own prescribed, and/or over the counter meds, if you are taking any

#### <u>NOTE</u>

To allow young ladies to participate fully in the presentations, cell phone usage will be allowed only during outdoor activities.