

Camp Emmaus 2009

Parish Information Sheet

Program Site:

Whispering Winds
17606 Harrison Park Road
Julian, CA 92036
(760) 765-1600

Emergency Phone Number:

Gerardo Rojas: (858) 212-3859

Program Dates:

June 25th-June 29th, 2009
August 2nd – August 6th, 2009

Arrival and Departure Return Times:

Arrival: 2:00 PM, Thursday June 25th
Sunday Aug. 2nd
Departure: 1:30 PM, Monday, June 29th
Thursday August 6th

Program Leadership:

Diocese of San Diego Leadership

Local Sponsor:

Office for Youth Ministry
Diocese of San Diego
(858) 490-8260

Camp Emmaus 2009

Commitment Form

Parish _____

Adult Leader _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please select one: June Camp _____ August _____

My parish is committed to participating in Camp Emmaus this summer. I understand that Camp Emmaus will be held from (June 25th- 29th & August 2nd - 6th) at (Whispering Winds). We believe that this training will help our young people to develop as leaders and that our parish/school is ready and willing to grow from their contributions.

Please reserve space for _____ adults and _____ youth at Camp Emmaus this summer.

I have enclosed a \$50 non-refundable deposit, per person, to hold places for our team.
Due May 18th, 2009 (for June Camp) July 6th, 2009 (for August Camp).

Number of adults _____ x \$50 = _____

Number of youth _____ x \$50 = _____

Total _____

Signature of Adult Leader: _____

Send this Camp Emmaus Commitment Form to:

**Office for Youth Ministry
P.O. Box 85728
San Diego CA, 92117**

Make checks payable to:

Office for Youth Ministry

Camp Emmaus 2009

Adult Participant Registration Form

Parish / School: _____

City and State: _____

Team Leader

Name: _____ Birth date: _____ Gender: _____

Phone: (____) _____ Cell/Home Phone: (____) _____

Mailing Address: _____

City, State & Zip: _____

Email Address: _____

Do you play a musical instrument or lead songs? Yes No

If yes, please list: _____

Name as you would like it on your nametag _____

Have you participated in the Safe Environment training and been cleared to work with children and youth? _____ yes _____ no

T-Shirt Size: S M L XL XXL

Other Adult Participants

Name: _____

Birth date: _____ Gender: _____ Phone: (____) _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Do you play a musical instrument or lead songs? Yes No

If yes, please list: _____

Name as you would like it on your name tag _____

Have you participated in the Safe Environment Children training and been cleared to work with children and youth? _____ yes _____ no

T-Shirt Size: S M L XL XXL

Camp Emmaus 2009

Youth Participant Registration Form

Youth Participants

Please mark one:

Tracks:

First time attendee _____

Veterans track (attended in the past) _____

Name: _____ Phone :(_____) _____

Birth date: _____ Last Completed Grade: _____ Gender: _____

Mailing Address: _____

City, State & Zip: _____

Email Address: _____

Are you interested in the musicians track? Yes No

Do you play a musical instrument or lead songs? Yes No

If yes, please list: _____

Name as you would like it on your nametag _____

T-Shirt Size: S M L XL XXL

School: _____

Name: _____ Phone :(_____) _____

Birth date: _____ Last Completed Grade: _____ Gender: _____

Mailing Address: _____

City, State & Zip: _____

Email Address: _____

Do you play a musical instrument or lead songs? Yes No

If yes, please list: _____

Name as you would like it on your nametag _____

T-Shirt Size: S M L XL XXL

Camp Emmaus 2009

Young Adult Participant Registration Form

(Only two per Parish)

Parish / School: _____

City and State: _____

Name: _____ Birth date: _____ Gender: _____

Phone: (____) _____ Cell/Home Phone: (____) _____

Mailing Address: _____

City, State & Zip: _____

Email Address: _____

Do you play a musical instrument or lead songs? Yes No

If yes, please list: _____

Name as you would like it on your nametag _____

Have you participated in the Safe Environment training and been cleared to work with children and youth? _____ yes _____ no

T-Shirt Size: S M L XL XXL

Other Adult Participants

Name: _____

Birth date: _____ Gender: _____ Phone: (____) _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Do you play a musical instrument or lead songs? Yes No

If yes, please list: _____

Name as you would like it on your name tag _____

Have you participated in the Safe Environment Children training and been cleared to work with children and youth? _____ yes _____ no

T-Shirt Size: S M L XL XXL

Camp Emmaus 2009

Adult Release and Liability Waiver

Participant's Name: _____

Birth date: _____ Sex: _____

Home Address: _____

Home Phone: () _____ Alternate Phone: () _____

I, _____, will be participating in a campus ministry event that requires transportation to a location away from the parish/campus site. This activity will take place under the guidance and direction of employees from The Office for Youth Ministry, Diocese of San Diego. A brief description of the activity follows:

Type of event or activity: Camp Emmaus Summer Leadership Camp "It's an Everyday Thing"

Destination of event or activity: Whispering Winds, 17606 Harrison Park Road Julian, CA 92036

Individual in charge of and responsible: Gerardo Rojas, Director Office for Youth Ministry

Estimated time of departure and return: Thursday June 25th-Monday June 29th, 2009 or Sunday, August 2nd -Thursday August 6th, 2009

Mode of transportation to and from event: participants must find transportation to and from the Camp

I am a legally responsible adult, and in consideration for the opportunity to participate in the activity described above I assume all liability and risk associated with my participation.

I agree on behalf of myself or our heirs, successors, and assigns, to hold harmless and defend The Office for Youth Ministry its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event, arising from or in connection with my participation in the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ Date _____

In the event of an emergency, contact:

Name & Relationship: _____

Phone: () _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for the health of my self.

***Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:**

1. EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

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

NAME & RELATIONSHIP: _____

PHONE: () _____

FAMILY DOCTOR: _____ PHONE: () _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY NUMBER: _____

1) Signature _____ **Date** _____

2. OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the activity that I become ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want my emergency to be called collect (with phone charged reversed to them).

2) Signature _____ **Date** _____

3. MEDICATIONS: I am taking medication at present. I will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency _____ of _____ dosage _____ is _____ as _____ follows:

3. Signature _____ Date _____

4. MEDICATIONS: CHOOSE ONE OF THE BELOW LISTINGS: (A OR B)

A) No medication of any type whether prescription or nonprescription may be administered to myself unless the situation is life-threatening and emergency treatment is required.

A) Signature _____ Date _____

B) I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to me, if deemed advisable.

B) Signature _____ Date _____

SPECIFIC MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

I am subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

I have recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of myself:

Camp Emmaus 2009

Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____

Birth date: _____ Sex: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: () _____ Business Phone: () _____

I, (name of parent or Guardian) _____, grant permission for my child (name of child) _____ to participate in this youth ministry event that requires transportation to a location away from the parish. This activity will take place under the guidance and direction of employees from The Office for Youth Ministry, Diocese of San Diego. A brief description of the activity follows:

Type of event or activity: Camp Emmaus Summer Leadership Camp "It's an Everyday Thing"

Destination of event or activity: Whispering Winds, 17606 Harrison Park Road Julian, CA 92036

Individual in charge of and responsible: Gerardo Rojas, Director Office for Youth Ministry

Estimated time of departure and return: Thursday June 25th-Monday June 29th, 2009 or

Sunday, August 2nd -Thursday August 6th, 2009

Mode of transportation to and from event: participants must find transportation to and from the Camp

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant").

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish) Office for Youth Ministry, its' officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ Date _____

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 those in accordance with your wishes:**

1. EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

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

NAME & RELATIONSHIP: _____

PHONE: () _____

FAMILY DOCTOR: _____ PHONE: () _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY NUMBER: _____

1) Signature _____ **Date** _____

2. OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charged reversed to myself).

2) Signature _____ **Date** _____

3. MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

3. Signature _____ **Date** _____

4. MEDICATIONS: CHOOSE ONE OF THE BELOW LISTINGS: (A OR B)

A) No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

A) Signature _____ Date _____

B) I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

B) Signature _____ Date _____

SPECIFIC MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child:

Camp Emmaus 2009

Code of Behavior 2009

We are happy and excited that you are joining us as part of **Camp Emmaus 2009**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the week, and of making the learning experience a healthy and growthful one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order, they can't and won't guarantee a successful Camp Emmaus experience. Success depends on people's willingness to work together for the common good.
- Participants take part in Camp Emmaus as part of a parish or school team. The adult leader of each team maintains primary responsibility for the actions of his or her team members. The sponsoring parish and the families of team members assume responsibility for any damage done to the facilities.
- Participants are expected to attend all sessions unless explicitly excused by the Program Director.
- Name badges should be worn during all program activities.
- Dress throughout the Camp Emmaus experience is casual; however shirts and shoes must be worn at all sessions and meals. No short shorts, halter tops, tube tops, modesty is important.
- Socializing should take place only in the designated public areas of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex.
- Each day will be a busy one - making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept at a minimum. Scheduled quiet and silent times must be honored. Only the Program Director can alter curfew times or the timing of any other scheduled activity.
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the *Code of Behavior* will meet with the same consequences.

Parent or Guardian: I agree that my child shall abide by the rules and regulations outlined in the *Camp Emmaus code of Behavior*. I have reviewed it and discussed the *Code* with my child prior to signing this form. I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the **Camp Emmaus** program and sent home at my expense.

Signature _____ Date _____

Youth Participant: I understand and agree to the **Camp Emmaus Code of Behavior**.

I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in the **Camp Emmaus** program.)

Signature _____ Date _____

Camp Emmaus 2009

Packing List

Individual Packing List: (Take the minimum; pack lightly)

IMPORTANT: Be sure to bring along a copy of your family health insurance card.

Bedding and Towels:

Sleeping bag or blanket and sheets

Pillow

Towel/washcloth

*Clothes:

Jeans or casual pants

Shorts

T-Shirts/short-sleeve shirts

Light-weight jacket

Sleepwear

Socks

Underwear

Shoes

Toothbrush/Toothpaste

Comb/Brush/Hairdryer

Soap/Shampoo/Deodorant

Medications (consider non-prescription medications for headaches, stomach upset, colds, etc) (Medication will be distributed by an adult).

Sunscreen, sunglasses

Other:

Bible

Journal/Notebook/Pens

Raingear/umbrella

Flashlight

Camera/film

Personal Needs:

*Please make sure that your clothing is appropriate for a co-ed, Christian program.

Please do not bring:

Electronic games

Walkmans/CD players/ DVD Players

Expensive clothing, jewelry, and equipment (Cell phones)