

**St. Pius X Chapel, Inc Presents**  
**Knights of the Sacred Heart of Jesus**  
**Boys' Camp 2017**  
**Games Challenge 11**  
**July 17<sup>th</sup> to 21<sup>nd</sup> 2017**

**Release Form**

**A. ID**

**I. Parents:**

Names \_\_\_\_\_

Home phone \_\_\_\_\_ Parent cell \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**II. Participants:**

Son's Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Son's Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Son's Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This Release Form must be completed, signed, and returned by **Sunday, July 2<sup>nd</sup>, 2017.**

**III. Schedule:**

On **Monday, July 17<sup>th</sup>, 2017**, my son(s) will arrive:

At **5:00 p.m.** to camp place. (Note: \_\_\_\_\_). **(Please check box).**

On **Friday, July 21<sup>st</sup>, 2017**, I or guardian will pick up my son(s):

At **11:00 a.m.** at camp place. (Note: \_\_\_\_\_). **(Please check box).**

Camp Location:

The site of the campground is on a large private property by the Lake Winyah in Alpena, Michigan.

Address. On Lake Winyah Rd. and Daisy Ln. W/N.

Directions. From Alpena, Mi., take M-32 W and turn right onto Lake Winyah Rd. and continue until you find Daisy Ln.

IV. Codes:

BEHAVIOR EXPECTATIONS/DRESS CODE:  I, the undersigned, consent to and understand: that my son will be expected to obey the camp counselors and to conduct himself kindly towards other participants; that he will be supposed to dress according to the standards of Christian modesty. We reserve the right to dismiss the participation of any child who we believe has violated the conditions for participation or who becomes a hindrance to the group or goals of the camp. *(Please check box).*

**B. Legal responsibility.**

I. Physical fitness:

ABILITY TO ENGAGE IN THE  DAYS /  NIGHTS CAMP ACTIVITIES AND ASSUMPTION OF THE RISK:  Camp activities are varied, can be strenuous and involve some risk to participants. **St. Pius X Chapel, Inc** (SPXCI) takes all possible precautions to reduce risk and provide safe and enjoyable experiences. I, the undersigned, authorize my son to follow directions for all activities offered at camp. I, the undersigned, acknowledge that risks from participation in camp activities exist and that I have allowed my son to attend camp knowing of these risks and their possible consequences including personal injury. *(Please check box).*

II. Transportation:

I agree that my son may participate in any activity that requires him to ride in a vehicle driven by a licensed driver with the permission of the camp director. *(Please check box).*

II. Medical:

MEDICATIONS;  if my son is bringing any prescription and non-prescription medications or drug of any kind, including asthma medication, I will list them below. I understand that if I send my son with any prescription or non-prescription medications or drugs of any kind to camp, my son must bring them in original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. I also understand that either prescription and non-prescription medications must be provided in their original container, or they will not be administered. I as a result of this authorize the camp counselor or director to administer first aid as well as to dispense medication brought to camp by the participant. *(Please check box).*

***Please list any allergies to or sensitivities to food, drugs, chemicals, medication or insect bites the participant may have:***

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Does the participant have any medical problems?    Yes    No

***If yes, please give a description.***

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\*Contacts/Eye Glasses: If your son wears contacts or glasses, please bring necessary accessories/cleaning agents to the camp in case of accidents.

\*Asthma Medication: If your son has asthma – even if he only rarely has attacks – please bring a full inhaler or other asthma medicine to the day camp.

**Authorization to consent to medical treatment of the abovementioned minor(s):**

I, as  parent,  guardian,  managing conservator, have authorized to consent to medical treatment of the preceding minor(s). I with this consent to routine medical treatment (including, but not limited to, minor illness or injury) by available physicians or other medical professionals selected by the **St. Pius X Chapel, Inc** (SPXCI) assistants, and its duly authorized officials. I also at this moment give SPXCI assistants and its authorized officials authority to consent to emergency medical, surgical, or dental treatment, understanding that attempts to contact me have failed. Should an injury occur to my son/ward during his attendance at the camp, I now authorize any and all hospitals, physicians or other medical providers to furnish a detailed statement of charges to the SPXCI assistants so that they may process any applicable student accident insurance claims. The SPXCI assistants, to whom I give this authority, is related to said minor as a nonprofit organization in which he is enrolled for the camp and not financially responsible. Upon notification from SPXCI that your son requires services from a specific medical provider, it is your responsibility to contact that provider to make financial arrangements for payment. *(Please check box).*

In the event your son needs to be examined or treated medically, SPXCI will provide transportation to and from the office of the physician or dentist. Except for emergency care or other circumstances where time does not permit, it is your responsibility to contact the medical provider or pharmacy, to make financial arrangements for payment. SPXCI does not act as an intermediary for payment. SPXCI has not a relationship with insurance companies or pharmacies. *(Please check box).*

IV. Waiver and release liability:

As parent or guardian of my son / participant, I, the undersigned, agree to all of the above. I, the undersigned, agree that I will not hold St. Pius X, Chapel Inc, (SPXCI), property owners of campgrounds or location, its employees, officers, counselors, volunteers, directors, or agents liable for any personal injury, property damage, loss, or insurance. *(Please check box).*

I, the undersigned, agree to release and hold harmless (SPXCI), its employees, officers, counselors, volunteers, directors, and agents from all liability incurred as a result of my son's participation in the 5 DAYS / 4 NIGHTS summer camp and that these terms serve as a release for myself and members of my family. *(Please check box).*

I, the undersigned, understand that St. Pius X, Chapel Inc camp and staff is not claiming to be a state licensed camp or state licensed staff. *(Please check box).*

Contact: Fr. Saavedra  
***Our Lady Queen of Martyrs Church***  
***16414 E. 14<sup>th</sup> Mile Road***  
***Fraser, Michigan***  
Address: 1(586)-200-2266  
Mobile: 1(513)-265-4486  
[\*\*\*padrepro2008@gmail.com\*\*\*](mailto:padrepro2008@gmail.com)

By signing, I agree and understand all terms and rules above stated, and I do not have further questions or concerns. ***This authorization applies to the son (s) or participant (s) named above.***

Parent *(Please check box)* \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Or guardian *(Please check box)* \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

<Revised 06/09/2017> SPXCI *(office use only)* \_\_\_\_\_ Date: \_\_\_\_\_>