



When: June 1<sup>st</sup> - 6<sup>th</sup>, 2020

How much: \$600 (while at camp it includes: 3 meals a day, rooming, materials, bus, etc.)

**All Paperwork and Money is due by May 3<sup>rd</sup>, 2020.**

**If you need a payment plan there is a schedule available on the back.**

Online paperwork for the camp can be filled out here:

<https://paperwork.lifeteen.com/c/RPTL>

Each day you'll experience daily Mass, opportunities for the Sacrament of Reconciliation, and other powerful prayer experiences. Our evening sessions, led by a dynamic speaker, will break open scriptural topics to lead your teens into a more authentic encounter with Christ. All of this alongside our exciting ropes courses, an obstacle course, messy games, plenty of free time and much more. Each day campers will enjoy three delicious meals and a night-time snack with their parish.

For more information please contact Ashlie Moran at

[Youthministry@saintthomaslb.org](mailto:Youthministry@saintthomaslb.org)

**Life Teen Summer Camp "Covecrest" 2020 Payment Plan**

-First Payment of the nonrefundable \$150 deposit per person  
Due: February 16<sup>th</sup>, 2020

-Second Payment \$50 per person  
Due: March 1<sup>st</sup>, 2020

-Third Payment \$100 per person  
Due: March 15<sup>th</sup>, 2020

-Fourth Payment \$100 per person  
Due: March 29<sup>th</sup>, 2020

-Fifth Payment \$100 per person  
Due: April 19<sup>th</sup>, 2020

-Sixth Payment \$100 per person  
Due: May 3<sup>rd</sup>, 2020

**PARENT REQUEST TO PARTICIPATE & MEDICAL RELEASE FORM**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church/school-sponsored event. This activity will take place under the guidance of Ashlie Moran. A brief description of the activity follows:

Name of Event: Life Teen Camp "Covecrest"

Destination: Tiger, GA

Designated Supervisor of Activity: Ashlie Moran

Date and Time of Departure: TBD

Method of Transportation: BUS

Approximate Cost: \$ 1000

If you would like your child to participate in this event, please complete, sign, and return the following statements of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, \_\_\_\_\_  
In the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designate chaperons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

\_\_\_\_\_

Print Parent's Name	Cell Phone	Email
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\_\_\_\_\_

Parent's Signature	Date
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SWORN TO and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**  
(Seal)

My commission expires: \_\_\_\_\_

# YOUTH

## Youth Trips & Other Functions MEDICAL RELEASE AND INFORMATION FORM (Medical Information for Overnight Trips/Retreats Only)

Name of participant \_\_\_\_\_ DOB \_\_\_\_\_

Medication presently on (Name and dosage for each)

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Allergies (Foods, Medication, etc.):

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Any other Medical conditions (asthma, diabetes, seizures etc.)

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Date of last tetanus shot \_\_\_\_\_

**Parent contact:** \_\_\_\_\_ Parents Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
**Contact Person (alternate)** \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I hereby give my permission for my child to be administered medical help in case of an emergency. If you have medical insurance please indicate the following:

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Parents(s) Guardian(s) signature \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Sworn To and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public (seal)

My commission expires: \_\_\_\_\_