

EXTREME FAITH CAMP

ALL CURRENT 6-8TH GRADERS
JUNE 23 - 25 (NOON-9PM)



JOIN US!!

WARNING: Christ's Love is extremely contagious and can be spread to others.

COST
\$30



LET NO ONE DESPISE YOUR
YOUTH
BUT
BE AN
EXAMPLE
TO THE
BELIEVERS





CHURCH OF
ST. CHARLES BORROMEO

FIELD TRIP PARENTAL CONSENT FORM, INDEMNITY AGREEMENT

EVENT DETAILS

Destination of Event/Field Trip EFC Day Camp

Date of Event/Field Trip June 23-25th (noon to 9pm each day)

Individual(s) in Charge Andrew Wagenbach Grades Participating 6-8th Grade

Drop-off: Church Atrium Pick-up: Church Atrium

*Student Cost \$30 for 3 Days! (that includes T-shirt, Dinner, wacky Olympics, pool noodle, and more)

*No student should miss this trip due to the cost. If this is a financial hardship for your family, please contact Andrew Wagenbach at awagenbach@stchb.org as scholarships are available.

Forms due back by 19th with payment

FAMILY INFORMATION

Student/Participant _____ Grade (2019-20) _____ T-shirt size _____ (Adult)

Parent/Guardian Name _____

Best Phone #s During This Event: _____ Email _____

I, _____, grant permission for my child, _____
Parent or Guardian's Name Student/Participant's Name

to participate in the above-named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact _____ Relationship _____ Phone _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

SIGNATURE

DATE

OPTIONAL MEDICAL INFORMATION

Medication my child is taking at present _____

Health conditions my child has _____

**If you have specific health concerns about your child, please speak to Andrew