



Third Order Franciscans of Mary Immaculate

6098 County Road 4 Minto, North Dakota, 58261-9455

Physical Location: **WARSAW, ND**, exit 168 off I-29

Phone: (701) 248-3020

email: fmi@fmifriars.com

JMI SUMMER CAMP 2021 - Warsaw, ND

**BOYS—7th grade to age 17: June 9-16, Start Wednesday 3pm,
End Camp Wednesday—youth may be picked up at 12 noon.**

**GIRLS 7th grade to age 17: June 17-23, Start Thursday 3pm,
End Camp Wednesday—youth may be picked up at 12 noon.**

Dear Parents & Guardians,

Your child is invited to participate in the Franciscans of Mary Immaculate's annual J.M.I. Summer Camp. Our Camp has new times as seen above; we can accommodate only 40 youth in each group this year. As Franciscans who live the vow of poverty and rely totally on Divine Providence to survive and do Our Lady's works, we would kindly ask for a free-will donation to defray the costs of providing this Camp. We appreciate your help and pray daily that God rewards your goodness!

Below is a packing list (p. 2) of what to bring and what not to bring. The two forms (permission and medical release pp. 3-4) need to be filled out and mailed or emailed to us at the above address. **We ask for the JMI Camp Application Form (p. 3 & 4 below) to be RETURNED SOON to know a number count for planning.** Please discuss the program with your child, and explain to him/her the necessity of his/her cooperation to make this camp a beneficial and happy experience for all. Thank you very much, and we look forward to passing on the Catholic Faith to your child here at the J.M.I.—Youth for Mary Immaculate—Camp. May God's blessings be upon you!

In Jesus through Mary,
Father Joseph Christensen, FMI



PACKING LIST

JMI Summer Camp

- JMI Camp Application form filled out and mailed OR emailed AS SOON AS POSSIBLE for our planning purposes. **Only 40 spots available for each group;** please register early!
- For class, chapel, and formal outings:
 - Boys need Dress Pants, Collared Shirts, and Dress Shoes.
 - Girls need Dress or Skirt, Dress Blouse/Shirt, Dress Shoes.
 - No jeans, shorts, etc. will be permitted at these times.
- Recreational clothing: jeans, gym shorts, swimsuit, etc.—MODEST PLEASE!
- Sleeping bag (best) or blanket, pillow; an army cot is provided by us for sleeping.
- Bath or beach towel, wash cloth.
- Necessary toiletries, HAND SANATIZER.
- No real need for spending money.
- Medications, if needed (ointments for sunburn, insect bites, etc.)
- Any pertinent information needed for camp directors [i.e., pertaining to medications, etc].
- Cell phones: **discouraged and only allowed for emergency use or grave necessity.**

NOTA BENE: To retain the peace and serenity of a holy atmosphere as well as to help ensure everyone's safety, please leave all CD/MP3 players, headphones, radios, portable video game systems, knives, etc. at home. Thank you!

*Makes checks payable to: FMI **or** Franciscans of Mary Immaculate

THIS YEAR!

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JMI Camp Application Form

Fill out both pages of this form. All campers must have a completed medical form on file prior to participation in any camp activities.

Camper's Name: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Age at camp: _____ Male _____ Female _____

Parent(s) or Legal Guardian(s): _____

Home Phone:(____) _____ Cell Phone:(____) _____ Email address: _____

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

I hereby acknowledge that I am either the parent or legal guardian of: _____; and I give permission for my child to participate in the JMI Camp in Warsaw, ND under the direction of the Third Order Franciscans of Mary Immaculate and the director, Fr. Joseph Christensen, FMI. As a parent/legal guardian I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Third Order Franciscans of Mary Immaculate, its directors, staff, volunteers, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment, and I agree to compensate the Third Order Franciscans of Mary Immaculate, its directors, staff, volunteers, chaperons, or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

(Parent/Legal Guardian Printed Full Name) (Signature of Parent/Legal Guardian) (Date) **← Must Sign**

In the event that I am unavailable for purposes of providing parental/guardian consent, I hereby authorize the physician(s) and staff of any Medical Facility deemed necessary by staff to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to the participant while enrolled in the JMI Camp. Said medical treatment may be given without any further prior permission from the undersigned. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the camper's participation in the JMI Camp's program.

I understand the consent and authorization herein granted does not include major surgical procedures. I understand that I will be contacted in the event that my child is brought to the Hospital/Medical Center for surgical treatment.

(Parent/Legal Guardian Printed Full Name) (Signature of Parent/Legal Guardian) (Date) **← Must Sign**

Camper's Insurance Information: Please include insurance card/pharmacy card OR PHOTOCOPY front/back

Insurance Company: _____ Policy #: _____ Subscriber #: _____
Insurance Address: _____ City: _____ State: _____ Zip: _____
Subscriber's Name: _____ Subscriber's Address: _____
Family Physician: _____ Phone Number:(_____) _____

PAST MEDICAL HISTORY:

Does your child have any medical condition that we should be aware of, that affects camp participation? _____.

Please provide details if any condition: _____

Any operations, illnesses, or injuries during the past year: _____

Other injuries, surgeries, or limitations: _____

Any allergic reactions to the following:

Bee Sting * Poison Oak * Penicillin * Sumac * Hay Fever * Poison Ivy *

Other: _____

IF YOUR CHILD IS PRONE TO SEVERE REACTIONS, PLEASE BRING AN EPIPEN.

Non-Prescription Drugs: My child may be given non-prescription, over-the-counter medications as needed. Example: Tylenol, antihistamines, antacids, etc.

Yes No, but exceptions would be:

Any food allergies: _____

Does your child have gluten intolerance? _____ If so we ask that you bring food (not meat) for him/her; please call to arrange.

****PLEASE DO NOT SEND OVER THE COUNTER MEDICATIONS TO CAMP WITH YOUR CHILD****

All prescription medications sent to camp must be in its original prescription packaging including type of medication, dosage and frequency. Parents may include a note for the condition being treated. For the safety of all the campers, medication will be kept and administered by our staff.

Medications your child will be bringing to camp: _____

SECONDARY EMERGENCY CONTACT:

If I am not available please contact: _____

Relationship to Camper: _____

Home Phone:(_____) _____ Work Phone:(_____) _____

Cell Phone:(_____) _____

I hereby give my permission and consent to all aforementioned medical history and medication regarding my child.

(parent/legal guardian signature)

(date)

← Must Sign