



Jr. High Summer Camp
June 25th to 29th, 2018
Ages 11 – 14 (6th, 7th, & 8th graders)

Camper are in for quite an adventure as they learn to ride horses at famous Riata Ranch (off-site), enjoy swimming, games and activities, arts and crafts, while making new friends.

Registration ends May 31st. Limited space available; please register as soon as possible.

Registration Packet online: www.StTeresitaYCC.org under the in Info Page.

Complete **Registration Form**
Complete **Youth Permission Slip**
Complete **Photo Release Form**
Please read **Summer Camp Handbook**

Payment:

Cost per child \$350
Deposit of \$100 is due with pre-registration
Balance of \$250 is due before camp or on the day of arrival
We accept: Visa, MasterCard, Discover, Check or Cash
(Scholarship applications available upon request)

Check – In Arrival Time: Monday, June 25th arrival registration between 11am - Noon. All forms must be filled out in order for child to attend. Payment must be made in full before camp starts or the first day of camp during arrival registration.

Departing Time: Friday, June 29th at 1pm (after lunch). Children will be release to parents only, unless prior arrangements have been made.

What to Bring: Please read the **Summer Camp Handbook** see the information sheet on what to bring found at www.StTeresitaYCC.org under the Info Page. **Reminder** all attending will have to **bring light backpack, long pants and sneakers** for off-site trips.

Address: 43818 Sierra Drive Three Rivers, CA 93271
For driving instructions please visit www.StTeresitaYCC.org Info page.

For more information or questions please contact us at
Phone: 559-561-1038 Fax: 559-561-1039 or E-mail: info@stteresitaycc.org
Mailing address: PO Box 249 Three Rivers, CA 93271



REGISTRATION FORM

Jr. High Summer Camp

June 25th to 29th, 2018

Ages 11 – 14 (5th, 6th, 7th, & 8th graders)

Youth Name: _____

Gender: Female Male Age: _____ Grade in school (*during May 2018*): _____

Address: _____ City: _____ Zip: _____

Name of Parent/Guardian: _____

Phone#: _____ E-mail Address: _____

Attending with FAMILY and/or FRIENDS? Yes No

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Fun Facts About YOU:

Name of school attending include city: _____

Name of parish attending include city: _____

Name youth groups you have attended in the past? _____

Do you know how to swim? Yes No

Favorite meal? _____ Least favorite meal? _____

What is your gift and/or talents? _____

What is your hobby? _____

Favorite outdoor activity? _____

Favorite sport? _____

Favorite movie? _____

Favorite super hero? _____

Anything else we should know? _____

Office Use: System Roster Forms Payment SFR



YOUTH HEALTH AND PERMISSION SLIP FORM

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this form for your child to attend and participate in events and activities held at Santa Teresita Youth Conference Center (STYCC).

Name of Child	School/Parish Name
Name of Parent(s)/Guardian(s)	School Year Summer 2018
EVENT/ACTIVITY/SPORT Jr High Summer Camp	

 (Parent/Guardian initial) Permission to SWIM and use POOL. **Failure to initial will result in the withholding of your child from pool use.**

My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions, given by STYCC personnel or agents, chaperones, or diocesan personnel responsible for all school/parish/organization events and activities. I understand that participation in this event/retreat/camp may involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am aware that a swimming pool is on the youth retreat premises and that my child may enter the pool during designated supervised times. I declare that my child is able to swim and tread water. The pool depths range from 3ft to 7ft.

In exchange for permitting my child to participate in this activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against STYCC and the Catholic Diocese of Fresno. I release and discharge STYCC and the Catholic Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of this activity.

This permission, waiver, release, and consent applies to Santa Teresita Youth Conference Center, and to the Roman Catholic Diocese of Fresno, The Roman Catholic Bishop of Fresno (a corporate sole), all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

Trip Information:

Destination of Field Trip:	Riata Ranch
Departure Date and Time:	
Estimated Return Date and Time:	
Mode of Transportation:	Three Rivers School Bus

Continued on reverse side and/or next page

Address:	City:	Zip:
Parent(s)/Guardian(s) Names		
Mother:		Father:
<i>Daytime</i> Telephone Number(s) of Parent(s)/Guardian(s)		<i>Nighttime</i> Telephone Number(s) of Parent(s)/Guardian(s)
Mother:	Father:	Mother: Father:
<i>Cell</i> Telephone Number(s) of Parent(s)/Guardian(s)		Child's Date of Birth
Mother:	Father:	
Emergency Contact <i>Other</i> than Parent/Guardian		
Name:		
Relationship:		Telephone Number:
Allergies (foods, drugs, insects, etc.)		
Medications (name, dosage, reasons)		
Other information or Special Health/Physical Considerations (<i>Attach extra sheet if necessary</i>)		
Insurance Carrier:		Insurance Group or ID Number:
Name of Child's Doctor:		Telephone Number:
Name of Child's Dentist/Orthodontist:		Telephone Number:

In the event of an emergency, and if STYCC is unable to contact me, I authorize STYCC personnel or other adult leadership, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly license physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno and STYCC will not be responsible to pay for any medical or dental expenses. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



Release of Photo/Video Production

Parents/Guardians: Please complete this form granting permission for your child's photograph or video image to be used in a STYCC produced document (e.g. website, publication, video production).

NAME (<i>Child or Adult attending STYCC</i>)	DATE
PROJECT EVENT TITLE	

I hereby grant STYCC (hereinafter called PRODUCER), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me/named child to conspicuous ridicule, scandal, reproach, scorn and indignity.

For MINORS Release

If the student is under 18 years of age, the parent or legal guardian of the model must sign below.

I, parent and/or legal guardian of the above named child, do hereby consent and grant my permission to all of the foregoing.

SIGNATURE OF PARENT OR GUARDIAN

For ADULT Release

SIGNATURE (If Adult Attending)
ADDRESS
TELEPHONE