






Camp Victory Lock-In 2014

Friday June 20th -
Saturday, June 21st

For youth entering
grades 6-12 in
the fall of 2014

Please sign and return the following forms along with payment:

-  *The Code of Conduct form*
-  *Parental Consent form*
-  *Camp Victory Challenge Course Waiver*

*Keep the Camp Victory Schedule for your own information.
Bring a Friend!!!*

St. Pius V Lock-In Friday June 20-Saturday June 21, 2014 Camp Victory Schedule

6:30 pm Bus arrives at St. Pius V in Cannon Falls, MN

7:45 pm Arrive at Camp Victory/ Orientation

8:00 pm – 10:00 pm Optional Activities

1. Climbing Wall
2. Archery
3. Sling Shots
4. Riflery (BB guns)

11:00 pm Ultimate Frisbee in field (flood lights available)

11:30 pm Pizza in Dining Hall

12:00 pm Prayer Service (All attend)

12:30 am Campfire at Old Survivor
(Cook marshmallows and music)

1:00 am – 3:00 am Optional Activities

1. Gorilla ball
2. Mini golf
3. Laser tag
4. wagon rides
5. Obstacle course inflatable
6. Volleyball

3:00 am “Minute to Win It” Games
Other games/activities/Prayer Stations
(Optional) Movie and popcorn in Fellowship Hall

4:30-5:15 am Prizes

5:30 am Departure

6:30 am Arrive back at St. Pius V

During the time frame of 8pm to 4:30am the Youth will be required to go to Prayer Stations and will have a “Passport to Prayer” paper that will need to be stamped at each station.

There will also be a station set up with a mission project (tbd – last year’s project was tied baby blankets for the Baptism ministry).

All activities will be played for points (go toward prizes) and possibly on a tournament basis.

Camp Victory Lock-In

CODE OF CONDUCT

For Youth

The following are a few rules that all participants are expected to follow while participating and representing

_____ St. Pius V Catholic Church _____

In this event sponsored by _____ St. Pius V Catholic Church _____

On _____ Friday, June 20 - Saturday, June 21, 2014 _____

Please read and sign.

I, _____, **WILL:**
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, St. Pius V Church can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

**Please fill out & sign the Parental Consent form & Code of Conduct form and return along with payment to your Associate for Youth Ministry or your parish office by Saturday, June 7, 2014.
Please make your checks payable to the youth's home parish.**

The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18, if deemed necessary for overnight events or other activities requiring responsible behavior.

Camp Victory Lock-In

For youth entering grades 6-12 in the fall of 2014

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR PARTICIPANT

Participant Name: _____

Date of Birth: ___/___/___ Sex: M / F Grade in School (2014-15): _____ Email: _____

Parent/Guardian Name: _____

Home Address: _____

Home: _____ Work/Cell Phone: _____

Email: _____

Date of Event: Friday, June 20-Saturday, June 21, 2014

Event: Trip to Camp Victory in Zumbro Falls, MN for overnight lock-in

Time: Bus arrives at St. Pius V in Cannon Falls, MN to pick up Camp Victory Lock-In participants at 6:30pm on Friday, June 20, 2014 and returns to St. Pius V at 6:30am on Saturday, June 21, 2014 for parental pick-up.

Individual in Charge: Cindy Meyers/Associate for Youth Ministry/St. Pius V Catholic Church

Mode of Transportation to Camp Victory Lock-In: Bus

Cost: \$30 per youth if registered by Thursday, May 15, 2014
\$35 per youth if registered by Saturday, May 31, 2014
\$40 per youth if registering after May 31st.
Last day to register is Saturday, June 7, 2014.

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 St. Pius V Catholic Church, *all Churches participating, and the Archdiocese of St. Paul & Minneapolis* from any claims or law suits brought against **St. Pius V, all Churches participating, and the 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 St. Pius V, *all Churches participating, and the Archdiocese* in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of **St. Pius V and all Churches participating.**

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

Signature: _____ Date: _____

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

Name/Relation

Emergency Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone Number: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. *(Of the following statements pertaining to medical matters, sign only those that are applicable.*

Medical Treatment: In the event it comes to the attention of **St. Pius V** or any of the other Churches participating, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated.

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: **St. Pius V** and all Churches participating, will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations-Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

Any special medical conditions? _____

Please fill out & sign the Parental Consent form & Code of Conduct form and return along with payment to your Associate for Youth Ministry or your parish office by Saturday, June 7, 2014. Please make your checks payable to the youth's home parish.



**CAMP VICTORY
CHALLENGE COURSE WAIVER & RELEASE**

The undersigned acknowledge(s) that during the activity he/she has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of depending on other people and being at various heights (ground to 40') and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and / or injury not excluding fatality due to accidents which may occur, including accidents resulting from this challenge course experience or other type of outdoor activities.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in this activity.** I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this Challenge Course is entirely VOLUNTARY. I enter into this activity and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

The undersigned releases, indemnifies and saves harmless Camp Victory Ministries and its agents or employees from all suits, actions or claims of any character, type or description brought or made for or on account of any injuries or damages received or sustained by any person or persons or property, arising out of or participating in the Challenge Course (ropes course) activity. **If the undersigned is a minor, the parent or guardian of such minor hereby joins in this agreement of indemnification.**

NAME OF PARTICIPANT (PLEASE PRINT)

DATE

SIGNATURE OF PARTICIPANT (IF 18 YEARS OR OLDER)

DATE

SIGNATURE OF PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18)

DATE