Saint Philip Youth Ministry Summer 2026 Parish Service Camp Registration

7500 Saint Philips Court, Falls Church, Virginia 22042 703-573-3808 youth@stphilipfc.org

For rising 6th graders – rising 12th graders

Participant Name: _____ Home Phone: _____

Address: _____ / _____ / _____
Street Address City Zip

Parents' email address: _____

I. PARENTS'/GUARDIANS' Names: _____

Parent/Guardian daytime Phone #: _____

Parent/Guardian daytime Phone #: _____

Emergency Contacts: In the event a parent cannot be reached, please give the name, address and phone number of two persons who could pick up and take your participant home in a timely manner.

(1) _____
(Name) (Street Address) (City) (State) (Zip) (Relationship) (Phone)

(2) _____
(Name) (Street Address) (City) (State) (Zip) (Relationship) (Phone)

II. MEDICAL INFORMATION

Grade in 2026-27 _____ **DOB**: _____

Participant's Name: _____

Outstanding Medical History: _____
(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.)

Participant's Allergies (if any): _____ Action to Take: _____

Medications Participant is taking: _____ Date of Last Tetanus Shot: _____

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III. INSURANCE INFORMATION

Doctor's Name: _____ Phone #: _____

Insurance Company: _____ Policy # _____

Parental Permission and Liability Release: As parent/legal guardian of the participant names above, I give my permission to participate fully in **St. Philip Parish Service Camp** (*Name of Program or Trip*) from **Wed., July 22, 2026** (*Start Date/Time*) to **Fri., July 24, 2026 (includes off-site transportation)**. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

_____ / _____

Signature of Parent/Legal Guardian Date

Participants:

- Wear comfortable outdoor summer clothes, including sturdy, close-toed shoes, for moderate to heavy physical work.
- Bring a refillable water bottle, sunscreen, and insect repellant.
- Participants pack a lunch all three days.
- We will provide breakfast items, water, and snacks each day. In case of food allergies, we ask parents to send in food from home.

Code of Conduct for Youth Participants

Please read the following guidelines and sign below. There is also a space for your parent(s) to sign. Misconduct or not following the guidelines by any youth participants may result in being sent home and not completing work camp.

1. Must be dropped off and picked up by an authorized adult at the time stipulated (7:45 am – 3:30 pm).
2. Will model Christian behavior at all times, using appropriate language with all participants.
3. Will participate fully in all planned activities with attention to safety and respect for authority of adult leaders.
4. Will wear work and church-appropriate clothes (no tank tops, t-shirts with inappropriate slogans, spaghetti straps, tight jeans, skirts, short shorts, sandals, flip-flops).
5. Will leave cell phones, iPods, or other electronic devices at home or store in Rm. 4 during the day.

I have read the guidelines above and agree to follow them. I realize that my parents and I will be financially responsible for any damage I do to property, facilities, or vehicles. I understand that if I choose to violate any part of these guidelines, I run the risk of having my parents notified by phone, or in person, and that I may be sent home. (This determination will be left to the discretion of the coordinator.)

Youth Participant's name (print) _____

Youth Participant's signature _____

Parent's Name (print) _____

Parent's signature _____

Date _____

Names of any persons (besides parents or emergency contacts) who have permission to pick up your child:

Please advise of any anticipated schedule conflicts from July 22-24:

_____

Please return this form and $10 to the parish office by Monday, July 20.