

St. James the Greater Catholic Church
2026 Summer Camp Registration, Permission, and Medical Release Form

This form and accompanying payment may be mailed or dropped off at the Parish Office or St. Zita's. The Camp Coordination Staff requests that this form be received at the parish office no later than May 24, in order to facilitate ease of planning and processing. **Space permitting, registrations will be accepted up to ten days prior to the start of your activity.** Please complete a separate form for each child.

Part I: Registration and Payment

Name of Camper: _____ Home Phone: _____

Age: _____ Date of Birth: _____ Last School Grade Completed: _____ Male/Female (*circle one*)

Parent 1 Name: _____ Work/Cell Phone: _____

Parent 2 Name: _____ Work/Cell Phone: _____

Address: _____ City/State/Zip: _____

E-mail Address: _____ **T-Shirt Size** (*circle one*): Child S / M / L / XL
Adult S / M / L / XL / XXL

Emergency Contact Name and Number: _____

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I, as parent or legal guardian of my son/daughter do hereby agree to allow my son/daughter to participate in the following event(s): (*Check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Veterans Kayak Evening / June TBD / Veterans / No charge | <input type="checkbox"/> Saint Luke Teen Art Camp / June 29-July 3 / Youth 13 and up / Cost \$125 |
| <input type="checkbox"/> Ladies Kayak Evening / June TBD / Ladies / Cost \$20 | <input type="checkbox"/> St. Thomas the Apostle Young Artist Camp/ June 29-July 3/
Youth 8-12 /Cost \$125 |
| <input type="checkbox"/> Girls' Pioneer Camp / June 1-5 / Girls ages 8-13 / Cost \$155 | <input type="checkbox"/> Adult Vacation Bible School / July 6-10 / Adults / Cost \$20 |
| <input type="checkbox"/> Boys' Pioneer Camp / June 1-5 / Boys ages 8-13 / Cost \$155 | <input type="checkbox"/> Vacation Bible School / July 6-10 /youth 5-10 / Cost \$45 |
| <input type="checkbox"/> Star Wars Camp / June 8-12 / Boys ages 5-9 / Cost \$125 | <input type="checkbox"/> Webster Springs Work Camp / July 12-17 / completed 9th grade,
confirmed and older / \$65 per person |
| <input type="checkbox"/> Princess Camp / June 8-12 / Girls ages 5-9 / Cost \$125 | For WEBSTER SPRINGS: DATE of LAST TETANUS SHOT: _____ |
| <input type="checkbox"/> Gabriel Science Camp / June 8-12 / Youth 10-15 / Cost \$140 | <input type="checkbox"/> Little Shepherd Drama Camp / July 20-24 / Youth 5-6 / \$95 per
youth / \$150 per family |
| <input type="checkbox"/> Basketball Tournament / June 15-18 / Ages 13 and up / Cost: \$20
per person / \$40 per 4 person team (must register complete team) | <input type="checkbox"/> Good Shepherd Drama Camp / July 20-24 / Youth 7-13 / \$95 per
youth / \$150 per family |
| <input type="checkbox"/> St. Joan of Arc Camp / June 15-19 / Young ladies 10-16 / Cost \$155 | <input type="checkbox"/> Sight and Sound Theatre—Joshua / July 30 / Cost see brochure |
| <input type="checkbox"/> Brother Giovanni Bistro Camp / June 22-26 / Youth 5-7 / Cost \$140 | |
| <input type="checkbox"/> St. Lawrence Cooking Camp / June 22-26 / Youth 8-13 / Cost \$155 | |
| <input type="checkbox"/> Quo Vadis Camp / June 28-July 2/ Boys <u>grades</u> 6-9 / No charge | |

Total Amount Enclosed: \$ _____ Method of Payment (circle one): Cash / Check / *Request Scholarship (complete info below)

****{For those parents who wish to volunteer to help all week at a camp, we will offer a ½ price camp fee for that camp to your child(ren)}****
**(you must complete the next page for those camps you would like to volunteer for – we will notify you of your assigned duties during that camp) **

****Scholarship Request**

Each camp annually has limited scholarship funds available to assist campers to attend camp(s) based on financial need. **We ask parents requesting scholarships, both full and partial, sign up to help at the camp at which they request a scholarship or for another camp. Just as the parents who pay for these camps must choose the camps their children can attend based on their family budget, we ask those requesting scholarships to base their requests in the same way.** We cannot grant a scholarship for every child for every camp, but we will do our best to ensure that the scholarships are granted equally so that every child who needs assistance has the opportunity to attend at least one or two camps of his/her choice.

I would like to request a scholarship and can volunteer to: (please choose from list on next page)
 I would like to request a partial scholarship and can volunteer to: (please choose from list on next page)

____ Help during a Camp (Please indicate below which camp(s) you are requesting a scholarship to attend and can volunteer for)

____ Help with clean-up after Camp (Please indicate below which camp(s) you are requesting a scholarship to attend and can help with clean-up)

____ Prayer Partner (I am unable to volunteer to help with a camp but can be a St. James Prayer Partner **and take an additional hour of Adoration during the summer months**) This is in addition to any hours you may already have. Please provide email address for contact regarding being a St. James Prayer Partner _____

____ ****I am not requesting a scholarship, but would like to volunteer to help with a camp(s):**

Each family will receive an email letting you know that your child(ren) has/have been registered. You will also receive an email if you request a scholarship letting you know if we were able to grant the scholarship request. (Please send any questions to vcre@stjameswv.org or call 304-725-5558 x231.)

Part II: Permission and Medical Release

In consideration of the opportunity for my son/daughter (or myself if an adult) to participate in this program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY the Roman Catholic Parish of St. James the Greater, 49 Crosswinds Drive, Charles Town, WV 25414; the Roman Catholic Bishop of Wheeling-Charleston and his successors, a Corporate Sole; and all their agents, servants, and employees from any and all liability, claims, demands, and causes of action arising out of or relating to any loss, damage, or injury sustained in connection with or arising out of my son's/daughter's participation in the program.

I hereby grant permission to any staff to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter (myself if adult) in the event I cannot be reached.

(Check one of the following):

- I am covered by hospitalization and medical insurance under policy # _____ issued by _____.
- I do not have medical coverage and assume full responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter medication to my son/daughter if needed and requested by my son/daughter (check all that apply):

- Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto-Bismol

Please note any other medical information concerning medication, allergies, disability, illness, etc.

Please note any dietary restrictions:

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites, or other materials produced from time to time by the Roman Catholic Parish of St. James the Greater (participants will not be identified without specific written consent).

Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the parish in writing. Please note that the parish has no control or responsibility over the use of photographs or films taken by media that may be covering the event in which your child(ren) participate(s).

We reserve the right to refuse and/or rescind acceptance of any registration or camper at any point if we believe he/she is unsuitable for our programs for any reason including health, physical ability, or behavioral history.

Parent/Guardian Signature: _____ Date: _____

(If you are an adult signing up for one of our adult camps please sign above)