

# Lutheran Church of the Holy Spirit CAT Camp

## YOUTH Permission and Medical Form

Friday, August 17 to Sunday, August 19, 2018

Bear Creek Camp, Wilkes-Barre, PA [website: [www.bearcreekcamp.org](http://www.bearcreekcamp.org)]

I give permission for my daughter/son [full name], \_\_\_\_\_, to participate in the Lutheran Church of the Holy Spirit's CAT Camp 2016 which includes overnight stay at Bear Creek Camp, Wilkes Barre, PA.

**The registration fee for a youth is \$150, less than ½ the actual cost. You are welcome to contribute to the actual total cost of \$200 per participant. Please make check payable to Lutheran Church of the Holy Spirit and mark in memo line, Cat Camp 2018. Please return this form and your payment to the church office before July 26, 2018.**

\_\_\_\_ I would like information about a scholarship for my youth.

\_\_\_\_ As a parent, I, \_\_\_\_\_, would like to volunteer at CAT Camp. All parents are required to attend at least one Cat Camp while their child is in Catechism.

\_\_\_\_ My youth is unable to attend. Each youth is required to attend two annual CAT Camps before they affirm their baptism. Any youth who is unable to attend CAT camp is strongly encouraged to makeup the missed work. A make-up assignment will be provided to each Youth not attending the minimum number of times.

Household Name: \_\_\_\_\_ Secondary Parental Contact Name: \_\_\_\_\_

Primary Parental Contact Name: \_\_\_\_\_ If applicable, Step Parent: \_\_\_\_\_

Address: \_\_\_\_\_ City Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Minor's Phone (Cell): \_\_\_\_\_

Primary Parental Contact Cell Phone: \_\_\_\_\_ Secondary Parental Contact Cell phone: \_\_\_\_\_

Primary Parental Contact Work Phone: \_\_\_\_\_ Secondary Parental Contact Work Phone: \_\_\_\_\_

Household Email Address: \_\_\_\_\_ Minor's Email Address: \_\_\_\_\_

School Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

**Christian Conduct:** Just as Jesus did, I will treat other people and myself with respect and love. I will not, for any reason, hit or abuse anyone verbally or physically. I will not use any kind of illegal drugs, alcohol, or weapons, including but not limited to knives, firearms, or fireworks, at the Lutheran Church of the Holy Spirit and church sponsored activities. The use of tobacco products is prohibited by minors and only permitted outside in designated areas by adults.

**Electronic Devices:** Cell phones are permitted for emergency use only. If my child brings any electronic device, I release The Lutheran Church of the Holy Spirit, Emmaus, PA from any or all responsibility or damage of said electronic devices.

**Photos of Event:** [Select all that you give permission for]

- A. I give permission to the Lutheran Church of the Holy Spirit to display on church websites or in electronic publications of the church photos and video of my child until my child turns 18 or revoked by me in writing.
- B. I give permission to the Lutheran Church of the Holy Spirit to display within the church facility any photo or video of my child until my child turns 18 or revoked by me in writing.
- C. I give permission to news media (usually local newspapers) to take photographs or film of an event at the church or church related event of my child until my child turns 18 or revoked by me in writing.

Parent/Guardian Signature: \_\_\_\_\_ Minor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete Participation, Medical and Allergy Information on next page...

