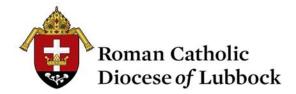
## FIAT CAMP August 9-11, 2017



## (Registration Form---Please Print)

Name			
Address			
City	State_		Zip Code
Daytime Phone		Evening Phone	
Your E-mail Ac	ldress		
Age	Birth date	Year in school	
Your Parish		Pastor	
The Cost of the	e camp is \$50.00 which in	ncludes room and boa	ard, meals, 2 shirts, cap, snacks
	and di	scernment material.	
publications, we of the Diocese of written consent. Office for Voca	of Lubbock. (Participants)  ) Participants who do not	published from time to would not be identified twish to be photograph ote that the Diocese of	time by the Office for Vocations d, however, without specific ned or filmed should notify the Lubbock has no control over the
Signature (Pare	nt or guardian if under age	e 18)	Date

Sister Olivia Rico

Please return Registration Form, Health Form, and Parental Consent Form to:

P.O. Box 98700

**Lubbock, Texas 79499-8700** 

## FIAT CAMP

#### August 9-11, 2017

Is your daughter in general good health and able to participate in all normal youth

#### (Health Form---Please Print)

activities? Yes \_\_\_\_ No \_\_\_\_ Please explain limitations \_\_\_\_\_ Allergies (food, drugs, insects, etc.) Medication(s) currently being taken \_\_\_\_\_ Other information (injuries, special needs, etc.) Health Insurance Carrier \_\_\_\_\_\_ Policy/Group Number \_\_\_\_\_ **Emergency Contact Information** Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ 
 City \_\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
 Home Phone \_\_\_\_\_ Other Number(s) \_\_\_\_ Family Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

## FIAT CAMP August 9-11, 2017

## **Parent/Guardian Consent Form**

Parent/Guardian Name _				
Relationship to Participan	ıt			
Home Address (if differe	nt from participant)	·		
Home Phone	Work	Cell		
grant permission for (nan	ne of participant)			
	-	ffice for Vocations of the Roman Catholic ssembly Campground, Floydada, Texas from		
appropriate measures wil	be taken to minimize the	adult supervision and reasonable and erisk of injury and/or accident. I understand the event involves the risk of injury.		
I hereby grant my permission for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.				
Parent/Guardian Signatur	re	Date		
I hereby grant permission		ication (such as acetaminophen, ibuprofen,		
Parent/Guardian Signatur	e	Date		

# FIAT CAMP August 9-11, 2017

#### **Personal items to bring to the camp:**

- Sleeping bag or twin sheets, pillow and pillow case
- Small duffle bag to act as your storage
- Towel and wash cloth
- Bar of soap
- Shampoo, tooth brush, tooth paste, comb, deodorant
- Flip flops for shower area
- Casual clothing
- Undergarments
- Shoes for walking/hiking/sports
- Clothing for sports
- Swim suit
- Shorts
- Jeans (due to cactus near hiking trails)
- Sunglasses
- Camera if desired
- Your own prescribed, and/or over the counter meds, if you are taking any

### **NOTE**

To allow young ladies to participate fully in the presentations, cell phone usage will be allowed only during outdoor activities.