

# FIAT CAMP

August 7-9, 2019



Roman Catholic  
Diocese of Lubbock

**(Registration Form---Please Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Your E-mail Address \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Year in school \_\_\_\_\_

Your Parish \_\_\_\_\_ Pastor \_\_\_\_\_

**The Cost of the camp is \$50.00 which includes room and board, meals, 2 shirts, cap, snacks, and discernment material. SCHOLARSHIPS AVAILABLE UPON REQUEST.**

Participants are advised that photographs or videotape of participants may be used in publications, websites or other materials published from time to time by the Office for Vocations of the Diocese of Lubbock. (Participants would not be identified, however, without specific written consent.) Participants who do not wish to be photographed or filmed should notify the Office for Vocations in writing. Please note that the Diocese of Lubbock has no control over the use of photographs or film taken by media that may be covering the event in which you participated.

Signature (Parent or guardian if under age 18) \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION DEADLINE: JULY 19**

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

**Sister Olivia Rico**

**P.O. Box 98700**

**Lubbock, Texas 79499-8700**

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(Health Form---Please Print)

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Number(s) \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

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## **Parent/Guardian Consent Form**

Parent/Guardian Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Home Address (if different from participant) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I (name of parent/guardian) \_\_\_\_\_

grant permission for (name of participant) \_\_\_\_\_

to participate in FIAT CAMP, sponsored by the Office for Vocations of the Roman Catholic Diocese of Lubbock, to be held at Plains Baptist Assembly Campground, Floydada, Texas from August 7-9.

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be taken to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby grant permission for nonprescription medication (such as acetaminophen, ibuprofen, throat lozenges, antacid, etc.) to be given to my child if deemed advisable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **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.***