

CAMP ROCK

Where Kids Have Fun Encountering Christ!

MANDATORY FORMS

Each camper is required to have completed and signed the “Code of Conduct” and “Medications” forms within ten days of the start of camp or they will not be allowed to attend.

The **“Code of Conduct”** forms for all the camps are attached, fill out one or both based on what camp your camper may be attending. The form must be signed by both the Camper and the Parent. The camper’s name must be entered in the first sentence of the form.

The **“Medications”** form, also attached, even if the camper is not taking any prescription medications, it must be signed by the Parent. All medications must be brought to camp in their original labeled containers.

Please list over-the-counter medications we will be allowed to give the camper if needed. You are to send these medications with the camper to camp.

If “Medications” are prescribed then the form must list them and be signed by the prescribing Doctor and the Parent.

Forms can be mailed to Joyful Hope Presentations PO Box 484, Batavia, Illinois 60510

Or

Scanned (only as PDF files) and emailed to john@camprock.me

IMAGE/PICTURE FILES ARE NOT ACCEPTABLE! NO CAMERA SHOTS! ONLY SCANNED PDFs.

If forms are not received within 10 days of camp’s start your camper will not be able to attend..

Thank you very much,

John

(630) 846-0688

PERMISSION & CODE OF CONDUCT FORM

CAMP R.O.C.K. 2019 – June 8th – 11th

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the Joyful Hope Presentations CAMP ROCK, located at Dickson Valley Camp and Retreat Center in Newark, Illinois on the following days: Saturday, June 8th through Tuesday June 11th 2019. I hereby release and indemnify the Diocese of Joliet, Diocese of Rockford, Joyful Hope Presentations, Dickson Valley Camp and Retreat Center and their staffs, and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

We expect that you will display mature and responsible behaviour, which for many years has been the trademark of Catholic youth and their families.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are required to remain at camp the entire time of camp except if an emergency should occur and the camper must be removed. Once a camper leaves the camp the camper is not allowed to return for any reason.
3. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
4. Socializing should always be done in public areas.
5. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
6. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
7. Smoking is not permitted.
8. Weapons and/or drug paraphernalia are not allowed.
9. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
10. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behaviour. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Camper Signature:

Parent Signature:

Date:

PERMISSION & CODE OF CONDUCT FORM

CAMP R.O.C.K. 2019 – August 1st – 4th

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the Joyful Hope Presentations CAMP ROCK, located at Dickson Valley Camp and Retreat Center in Newark, Illinois on the following days: Thursday, August 1st through Sunday August 4th 2019. I hereby release and indemnify the Diocese of Joliet, Diocese of Rockford, Joyful Hope Presentations, Dickson Valley Camp and Retreat Center and their staffs, and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

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Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are required to remain at camp the entire time of camp except if an emergency should occur and the camper must be removed. Once a camper leaves the camp the camper is not allowed to return for any reason.
3. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
4. Socializing should always be done in public areas.
5. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
6. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
7. Smoking is not permitted.
8. Weapons and/or drug paraphernalia are not allowed.
9. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
10. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behaviour. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Camper Signature:

Parent Signature:

Date:

CAMP ROCK STUDENT PRESCRIPTION AND O.T.C. MEDICATION FORM

Child's Full Name _____ Date of Birth _____

Emergency Contact _____ Contact Phone # _____

****THIS FORM MUST BE SIGNED BY A PARENT EVEN IF THERE ARE NO MEDICATIONS.****
***All medications (both prescription and over the counter) MUST be indicated on this form.**
***All medications must be given to the nurse at the beginning of camp in the original containers.**

***All PRESCRIPTION medications must have physician signature below.**

Name of Medication: _____
 Dosage: _____
 Time to be taken: _____

THIS SIDE FOR CAMP NURSE USE ONLY				
<small>(Initial appropriate box(es) after administration of medication)</small>				
	Date:	Date:	Date:	Date:
A.M.				
Noon				
P.M.				
Bed				

Name of Medication: _____
 Dosage: _____
 Time to be taken: _____

THIS SIDE FOR CAMP NURSE USE ONLY				
<small>(Initial appropriate box(es) after administration of medication)</small>				
	Date:	Date:	Date:	Date:
A.M.				
Noon				
P.M.				
Bed				

Name of Medication: _____
 Dosage: _____
 Time to be taken: _____

THIS SIDE FOR CAMP NURSE USE ONLY				
<small>(Initial appropriate box(es) after administration of medication)</small>				
	Date:	Date:	Date:	Date:
A.M.				
Noon				
P.M.				
Bed				

Allergies: _____

 Physician Signature ()
(Only For Prescriptions) Phone Number

 Parent Signature ()
 Phone Number

Date _____

 Signature of Person Administering Medication

Notes: