

# North Alabama Catholic Work Camp 2018



**BLESSED**  
**Matthew 5:3-10**

**April 2018**

**Thank you for your interest in our 2018 To Serve One Another Work Camp!**

**We ask that you as you consider Work Camp, that you be able to commit to the entire Camp and all the activities associated with our program. Participants will be limited, so if something comes up and you need to cancel, we need to know ASAP in order to make room for someone on the waiting list. Sign up only if you can commit to full days of service.**

**This year's events will begin with a Lock In at Holy Spirit Church in Huntsville, June 24th at 7:00pm. This means you will need to bring a sleeping bag, pillow, and clothes appropriate to go out to work sites for Monday morning. After that, participants will go home each evening. We will end Work Camp on Wednesday night, June 27th with Mass at Holy Spirit at 7:00pm. On Tuesday evening, we will go to Point Mallard Water Park for the evening. (remember to bring an appropriate bathing suit and towel.) We should return to Holy Spirit between 8:30 and 8:45pm. Wednesday, we will have dinner at Holy Spirit and all go to closing Mass together at 7:00pm. All families are welcome to attend closing Mass and dinner with us.**

**Please bring the following when you arrive for work camp Sunday night:**

**Girls: Sweet or Salty snack to share with 10-12.**

**Boys: A Case of WATER**

**You will receive your Work Camp T-shirt on Sunday; please plan on wearing it every day.**

**All forms are due, Friday, June 2nd.**

**25 Service Hours will be awarded for FULL Participation.**

**Be Prepared:**

**Water bottles each day, sun screen, bug repellent spray**

**Hat/visor/sun glasses**

**WORK clothes and closed-toe shoes– NO FLIP FLOPS or bathing suits**

**You will get dirty, wet, painted on, and stained!**

**Make sure your name is on EVERYTHING you bring with you each day!**

**I am so excited about working with you during this project! Can't wait to see what God has in store for us!**

**Peace and All Good! Mrs. Lai**

**Questions? 256-882-6483**

BLANK PAGE

# North Alabama Catholic Work Camp 2018



**BLESSED**  
**Matthew 5:3-10**

## **ADULT VOLUNTEER FORM** **JUNE 24th-27th, 2018**

Your assistance with Work Camp is greatly appreciated. We know that schedules, siblings, and work commitments may not allow you to commit to each work day, but please sign up to help with at least one day of work camp. It is a very rewarding experience and we CANNOT do it without your help! A FULL day commitment will allow us to place you with a group of kids that you will get to know and come to love by the end of the day.

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parents: Please sign up for as many as you can. We need as much help as possible!

I can commit to helping with Work Camp on the following dates: (circle all that apply)

GROUP LEAD/CARPOOL: MONDAY TUESDAY WEDNESDAY

CARPOOL Driver To/From Point Mallard 4:00pm departure from Holy Spirit and meet us at the Park at 8pm for return trip home Tuesday

MY CAR CAN TRANSPORT \_\_\_\_\_ STUDENTS IN SEATBELTS

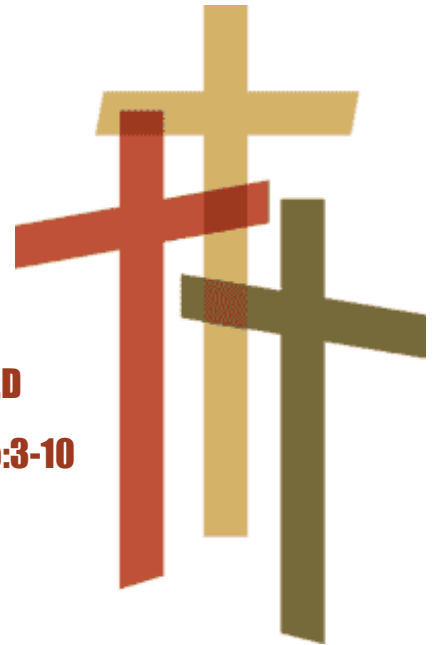
T-Shirt Size (Adult): S M L XL XXL (Please Circle One)

ALL VOLUNTEERS MUST HAVE TAKEN DIOCESAN YOUTH PROTECTION I  
IN THE PAST 3 YEARS. <http://www.shieldthevulnerable.org/>

AS-1 Form \_\_\_\_\_ Driver Information Form \_\_\_\_\_ Completed and Attached.

Parent's Signature: \_\_\_\_\_ (Please fill out a separate form for each parent.)

# North Alabama Catholic Work Camp 2018



**BLESSED**  
**Matthew 5:3-10**

**Sunday, June 24th–Wed, June 27th, 2018**

**Cost: \$60.00 Upcoming 9th-Current 12th Graders**

**Due Date: June 2, 2018**

## **Holy Spirit Parish**

Student Name: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size (Adult): S M L XL XXL (Please Circle One)

**Please Note: Teens may not drive to work sites.**

Teens will be grouped with teens from other area parishes and will serve our community in a variety of ways.

Teens should **BE PREPARED FOR THE HEAT**. Everyone on a work site must wear closed-toed shoes for all activities.

I understand that adult support is necessary to make work camp possible, and will try to help in some way. Please complete the adult volunteer form attached.

Parent's Signature: \_\_\_\_\_

**Diocese of Birmingham in Alabama – Form CH-2  
Parental/Guardian Consent Form and Liability Waiver**

Type or Print Clearly All Information

Child \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Other Phone (    ) \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_, request that my child (name of child)

\_\_\_\_\_ participate in this parish youth event. This activity will take place under the guidance and direction of personnel from \_\_\_\_\_ Holy Spirit Catholic Church .

A brief description of the activity follows:

Date of event/activity: **Sunday June 24, 2018, through Wednesday June 27, 2018—Work Camp 2018**

Type of event/activity: **Lock In Sunday, June 24<sup>th</sup> and Community Service daily June 25, June 26 and 27.**

Destination of event/activity: **Various work sites throughout Madison County**

Name and Location of overnight lodging (if applicable): **Youth Room, Holy Spirit Church**

Individual in charge of and responsible: **Lori Lai, (HS), Betsy Lashley, (SJB)**

Estimated time of departure and return: **Varies: 7:00am-9:00pm... times subject to change**

Mode of Transportation: **Parent/Adult Vehicles**                      Cost: **\$60.00**

Additional Information: **See Attached list of items children should bring.**

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all school personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnities.

Parent sign Initials here \_\_\_\_\_

This indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Alternate Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(s) of Alternate \_\_\_\_\_

Signature(s) of Parent/Guardian: \_\_\_\_\_

Name \_\_\_\_\_

### MEDICAL INFORMATION

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Family  
Health Plan Carrier: \_\_\_\_\_ Policy/Contract Number:  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Name of Policy Holder:  
\_\_\_\_\_

#### Optional:

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency of dosage are as follows:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Optional Instruction:

Do not give non-prescription medication of any kind to my child without my express permission. Exceptions:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergic Reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ Special Dietary Considerations: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_ You should be aware of these special medical or psychological conditions of my child:

### CODE OF CONDUCT

I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that if my child is dismissed from the event I will be expected to travel (or send an adult designee) at my expense to the event location and retrieve my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_