



Catholic Diocese of Richmond

Summer Work Camp

YOUTH Registration Form – Work Camp 2021

Please complete the registration form and return it to your parish contact for Work Camp.

YOUTH INFORMATION	
Name:	_____ First Name for Nametag: _____
Address:	_____
City/State/Zip:	_____
Home Phone:	_____
Cell Phone:	_____
Email:	_____
Parish Name:	_____ City: _____
Gender:	_____ Birthday: _____ Adult T-Shirt Size: _____
Grade (2020-21):	_____

PARENT / GUARDIAN INFORMATION	
Name:	_____ (Father) _____ (Mother)
Cell Phone:	_____ (Father) _____ (Mother)
Email:	_____ (Father) _____ (Mother)

EMERGENCY CONTACT INFORMATION	
Name	_____
Contact Number	_____
Relationship to Child	_____

YOUTH PARTICIPANT SKILLS AND EXPERIENCE	
There is no need to be experienced with home improvement to be a youth participant at Work Camp. However, if you have any home improvement skills and community service experience, please list below.	
Example:	Painting (have painted several interior spaces) Familiar with basic tools such as hammers, screwdrivers, sanders, and ladders Volunteered at a soup kitchen
Experience:	_____



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Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

In many cases, our Work Camp team is not familiar with the medical, physical, and/or emotional history of each participant. It is essential that ANY information relating to the participant is shared in detail. BE AS SPECIFIC AS POSSIBLE.

Does the participant have any dietary restrictions?

YES NO

Select any restrictions that apply to this participant:

Gluten-free **Peanut-free** **Vegetarian**

List any other dietary restrictions (i.e. food allergies, etc.)

Is the participant allergic to anything?

YES NO

List any details of allergies below (this may include allergies to specific medications or chemicals, allergies to any substances, etc.):

Is the participant currently taking or has taken any prescription medication in the last 6 months?

YES NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any emotional, physical or sensory conditions?

YES NO

List any **emotional** conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.

List any **physical and/or sensory conditions** of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

Has the participant received a tetanus shot?

YES NO

List the date of the last tetanus shot:

RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond or my parish responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

I hereby give my consent to allow my child to participate virtually via Zoom should circumstances surrounding the COVID-19 pandemic dictate that such means of participation are in the best interests of all concerned.

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or video of my child (named above) engaged in activities related to any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.

YES NO Parent/Guardian Signature: _____ Date: _____



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YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet. Each participant is expected to adhere to the following principles while participating at their parish for Diocesan Work Camp.

SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in the sessions, activities, prayer experiences, and Sacraments.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, juuls, or smoking of any kind will be tolerated during the week.
- ✓ Dress appropriately for the work at hand: shirts are required at all times, and tank tops, spaghetti straps, crop tops, and short-shorts are not permitted during the week.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Keep yourself hydrated and energized by drinking plenty of water and eating meals.

SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ Respect the facilities and parish spaces that you will be in by keeping them clean, picking up trash, and using tools and other items appropriately.

OTHER CONSIDERATIONS:

- ✓ Only registered Adult Chaperones and Volunteers over the age of 21 are permitted as drivers during Work Camp.
- ✓ Anyone participating in Work Camp MUST be officially registered with the Office for Evangelization.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in my parish dismissing me from Diocesan Work Camp for the day or for the entirety of the week, including me forfeiting my registration fee.

Youth Signature: _____ Date: _____

Printed Name: _____ Parish: _____

Parent Signature: _____ Date: _____

Printed Name: _____