

JC Camp 2025 Registration Form

RECRUITED TO CAMP BY: _____

(If a student didn't recruit you please leave blank)

NAME: _____ GENDER: MALE FEMALE
ADDRESS: _____
PARENT'S: _____
PARENT'S E-MAIL: _____ HOME PHONE: _____
PARENT'S CELL: _____ PARENT'S CELL: _____
EMERGENCY CONTACT: _____ PHONE: _____
CHURCH: _____ SCHOOL: _____ GRADE: _____
(2022-2023)
FRIENDS GOING TO CAMP: _____

Camp Dates are June 12th - June 15th, 2025

Location: Tintern Retreat Center
52619 843rd Road
Oakdale, NE 68761
(402) 776-2188

CAMP COST \$100

(Make checks payable to JC Camp. If alternate payment plan is needed, please contact:
Jeff Johnson at 402-910-2362 or Shannon Stutzman 402-562-6463 / 402-276-4432)

Payment, Parental Consent/Liability, Code of Behavior and Medical Release **MUST** accompany this form. (If you need any of these forms please email Shannon Stutzman at stutz.shannon@gmail.com)

****Registration is complete with payment.****

T-Shirt Size: Small Medium Large Extra Large XXL
(Adult Sizes)

MY PARENT(S) WOULD BE WILLING TO HELP WITH THE FOLLOWING AT CAMP:

Drive teens to camp Thursday Morning: YES NO If Yes, number of students: _____
(Should arrive at Tintern by 9:00 a.m. to return to work/home)

Kitchen Help: Yes No

With overnight dorm duty during nights: Friday Saturday
(10:00 PM until 6-7:00 AM) Male Dorm Female Dorm

Please **MAIL (do not turn them in to the schools or rectories)** registrations, payment, Consent/Liability, Code of Behavior and Medical Release to:
Shannon Stutzman 2721 32nd Street Columbus NE 68601

Additional information including times to drop off and pick up campers, map to Tintern, checklist of items to bring/not to bring, dress code etc. will be provided as we near camp time.

OFFICE USE ONLY: DATE RECEIVED _____ PAID CHECK NUMBER _____
FORMS RECEIVED: MEDICAL CONSENT CODE OF BEHAVIOR

J.C. Camp Youth Code of Behavior

We are happy and excited that you are joining us as part of **J.C. Camp**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the event, and of making the learning experience a healthy and growth-filled one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order; they can't and won't guarantee a successful event experience. Success depends on people's willingness to work together for the common good.
- Participants take part in **J.C. Camp** as part of a parish or school team. The families of participants assume responsibility for any damage done to the camp and housing facilities.
- While participating in **J.C. Camp** we ask that you do not invite friends who are not part of camp to come and visit you.
- Participants are expected to attend all sessions and activities while at camp. Participants are not allowed to leave the camp facilities. Name badges should be worn during camp.
- Dress throughout the **J.C. Camp** experience is casual but appropriate for a Christian environment; however shirts and shoes are required in all areas except the dormitories. T-shirts/sweatshirts with alcohol, tobacco or sexual overtones are not acceptable, nor is clothing exposing any part of under garments. Sleepwear is only permitted in the sleep areas. No spaghetti strap tops or leggings/yoga pants for girls.
- Socializing should take place only in the designated public area of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex without the permission and presence of an adult leader.
- Christian behavior is expected at all times. Respect for individuals, the community and the facilities is required. Teasing, harassment (this includes bullying), sexual jokes, inappropriate displays of affection, and other demeaning behavior are considered inappropriate for this Christian environment.
- Each day will be a busy one-making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept to a minimum. Scheduled quiet and silent times must be honored.
- **St. Bonaventure, St. Isidore's and St. Anthony** adhere to the State Statutes in regards to tobacco products, therefore tobacco products are not allowed by anyone under the age of 21.
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the Code of Behavior and other inappropriate behavior will meet with the same consequences.

Parent or Guardian: I agree that my child shall abide by the rules and regulations outlined in the **J.C. Camp Code of Behavior**; I have reviewed it and discussed the Code with my child prior to signing this form. I agree that if my child fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she may be immediately dismissed from **J.C. Camp** and sent home at my expense.

Signature: _____ Date: _____

Youth Participant: I understand and agree to the **J.C. Camp Code of Behavior**, I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. Your signature must appear below in order to participate in **J.C. Camp**.

Signature: _____ Date: _____

Consent and Liability Waiver

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Youth Participant's Name: _____

Birth date: _____ Sex: _____

Parent/Guardian's Name: _____

Home address: _____
Street City Zip

Home phone: _____ Business phone: _____

Cell Phone: _____ Email address: _____

I, _____ grant permission for my
Parent or Guardian's name
youth, _____ to participate in this
Youth's name

Archdiocesan youth ministry event that is located away from the parish site. This activity will involve transportation by parents or arranged by parents to and from Tintern Retreat Center and will take place under the guidance and direction of volunteers from the area parishes.

A brief description of the event follows:

Name of Event: J.C. Camp

Purpose of Event: Camp for 8th graders going into 9th or any High School Student.

Location: Tintern Retreat Center, Oakdale, NE

Time: Thursday morning at 6:40 a.m. to Sunday afternoon approximately at 2:00 p.m.

Transportation: Parent drop off child at St. Bon's Church, 6:40 a.m. Thursday.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). I agree on behalf of myself, my child named herein, or heirs, successors, and assigns, to release and hold harmless and defend the three Columbus parishes, St. Bonaventure, St. Isidore and St. Anthony (herein Columbus Parishes), their officers, directors and agents, the Archdiocese of Omaha, (herein "Archdiocese") and all chaperons, adult counselors, leaders, volunteers or representatives associated or helping with the event (herein "Released Persons"), arising from or in connection with my child attending the event, including but not limited to travel to and from Tintern Retreat Center, activities, overnight stay, and also any death, illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Columbus Parishes, their officers, directors and agents, the "Archdiocese", and all "Released Persons" for reasonable attorney's fees and expenses arising in connection therewith.

You should be aware of these special medical, emotional conditions of my child:

Signature: _____ Date: _____

Medical Matters

Youth Participant Name: _____

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. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

Emergency Medical Treatment: In the event of an 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.

Parent(s) Name: _____ Phone: _____

Alternate Phone: _____ Physician: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Other Medical Treatment: (In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reverse to myself),

Signature: _____ Date: _____

Medications: 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: _____

Please list medications: _____

Sign "a" or "b", not both

a.) No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

b.) I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish/school/Archdiocese will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does the child have a medically prescribed diet? _____

Any physical limitations? _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? If yes, please list: _____

Has the child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? _____

If so, date and disease or condition: _____

You should be aware of these special medical or emotional conditions of my child:

