

## ***Announcing an opportunity for you to serve Jesus Christ and His Church!***

January 2010

Dear Youth Ministry Teen Leader:

This past year you have supported our ministry and outreach to the Jr. High teens in our parish. We have noticed your love for Jesus and the Catholic Faith. *We are very excited to invite you to share your awesome faith with others.* We would like for you to prayerfully consider being a part of Extreme Faith Camp 2010 leadership team as a member of the ***Extreme Team / Prayer Team***. God will use you to make a difference in the lives of others this summer.

Here's a little about Extreme Faith Camp 2010. The EF Camp is for Jr. High youth who have completed grades 6-8. It will take place June 21-25, 2010 at Big Sandy Camp near McGregor, MN. The camp will include teens from the following parishes: St. Raphael's (Crystal), St. Michaels's (St. Michael), St. Albert's (Albertville), St. Boniface (St. Bonifacius), St. John the Baptist (New Brighton), Sacred Heart (Robbinsdale), St. Peter's (Forest Lake), the Quad Parishes of Green Bay, Divine Mercy (Faribault), St. Timothy's (Maple Lake), St. John the Baptist (Dayton) and Immaculate Conception (Watertown).

Enclosed you will find:

1. Extreme Team / Prayer Team Responsibilities Sheet
2. Extreme Team / Prayer Team Application
3. 2010 EF Camp Registration / Parental Consent Form

### **Here is what you need to do:**

1. Read through all the information
2. ***The cost for teen leaders this year is \$245.00***
3. Pray about being a part of EF Camp 2010 - **Talk to your parents**
4. Confirm that you will be able to attend the EF Camp Training Day on Saturday, **April 10, 2010** (this is required for all teen leaders - no exceptions)
5. Confirm that you will be able to attend the EF Camp Weekend Retreat on **June 19 & 20, 2010** at Big Sandy Camp (this again is required for all teen leaders - no exceptions)
6. Confirm that you will be able to attend EF Camp itself **June 21-25, 2010**
7. If after these steps your desire is to come and serve at EF Camp 2010 simply fill out the enclosed EF Camp Teen Leaders Application / Parental Consent Form
8. Mark your calendars for the training days and the camp
9. **Return your application, registration form, and deposit of \$125.00 to your Youth Minister no later than Friday February 26, 2010**
10. We will prayerfully review your application
11. We will contact you with our final decision soon afterwards

We truly value you as a member of the parish community and believe that amazing things will happen in the lives of Jr. High teens through your commitment to God and his Church.

We are praying for you.

Extreme Faith Camp Leadership Team

# **EXTREME TEAM – PRAYER TEAM 2010**

*“Your ideals! Your energy! Your zeal!  
The Church needs YOU!”  
-JP II, World Youth Day, Denver, 1993*

## ***Responsibilities / Expectations***

1. Pray! Pray for the Extreme Faith Camp regularly. Pray for the priests, youth ministers, camp coordinators, adult leaders, senior high leaders, the music team, and all the junior high teens.
2. Attend all Extreme Team / Extreme Prayer Team Training Sessions:  
**(Training Sessions are mandatory)**
  - a. **Saturday April 10<sup>th</sup> – St. Albert’s Church – 9:00 AM – 3:00 PM**
  - b. **Saturday June 19<sup>th</sup> and Sunday June 20<sup>th</sup> – at Big Sandy Camp**  
(These are two important days before camp starts where we will be spending time in training, prayer, and preparation for the camp)
3. Attend the entire Extreme Faith Camp: **June 21<sup>st</sup> through June 25<sup>th</sup> 2010**
4. Teen Leader Responsibilities:
  - EXTREME TEAM**
    - Pray for the Camp
    - Participate in all training days
    - Serve in any capacity needed
    - Be open to instruction / direction of the camp leadership team
    - Build relationships with the junior high youth
    - Help lead small groups
    - Participate in dramas
    - Share your testimony
  - EXTREME PRAYER TEAM**
    - Pray for the Camp
    - Participate in all training days
    - Serve in any capacity needed
    - Be open to instruction / direction of the camp leadership team
    - Participate in dramas
    - Be not afraid to be separate from the campers (the prayer team is cloistered for the week of camp)
5. Promotion: Invite and encourage the junior high teens from your parish to come to Extreme Faith Camp 2010

# *Extreme Team / Extreme Prayer Team Application*

Turn this application (with the parental consent form & deposit) to your  
Youth Minister by Friday February 26<sup>th</sup>, 2010

Here are a few important facts about being on the Extreme Team / Prayer Team

- Extreme Team** - Must be going into 11<sup>th</sup> Grade in the fall of 2009 and have either served on the Extreme Faith Camp Prayer Team previously or been an Extreme Faith Camp Jr. High Camper
- Extreme Prayer Team** - Must be at least be going into 10<sup>th</sup> Grade in the fall of 2009
- An Extreme Team / Prayer Team / should possess the following qualities: a personal commitment to Jesus Christ, an unconditional love for fellow teens, a love for the Catholic Church, regular participation in Sunday worship, a personal prayer life, regular reading of Scripture, an openness to using the gifts of the Holy Spirit and be currently active in the youth ministry program of their parish (Core Team)

## PLEASE PRINT LEGIBLY

Full Name \_\_\_\_\_ Birth date / / Gender: Male / Female

Mailing Address \_\_\_\_\_

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

I'm Applying For: Extreme Team / Prayer Team (Circle One)

Email \_\_\_\_\_ School \_\_\_\_\_ Grade (Fall 2010) 10 11 12

**INSTRUCTIONS:** Please type or print your answer to the following questions on separate paper. Be sure that your answers are listed under the proper heading and are numbered correctly. It is highly recommended that you read through all of the questions before you try to answer any of them. This will save you the problem of duplicate answers. The purpose of these questions is so that we can get to know you on a more personal basis and on different levels. Rest assured that all information will be held in strict confidence by the staff of the Extreme Faith Junior High Camp.

*Please give at least a two to three sentence answer on each.*

1. Briefly recount how and when it was that you came to know the Lord Jesus in a more personal way?
2. What are some concrete examples of how your life has been changed through your relationship with the Lord?
3. At this time, what are some areas of your life that the Lord is still working on?
4. Describe your prayer life. Include when and how you pray and what spiritual resources you may be using to deepen your faith.
5. Describe three strengths you possess in relating positively with others.
6. Describe three weaknesses you possess in relating positively with others.
7. Why do you want to be on the Extreme Team / Prayer Team?
8. What has been your favorite part of working with Jr. High teens in our parish?

I have read over all the information and filled out the appropriate responses on the application form and I am interested in being on the Extreme Team / Prayer Team for Extreme Faith Camp 2010. I understand that my answers will be held in strict confidence by members on the Extreme Faith Camp leadership team. Your signature will be considered an acknowledgement of the following: "I agree that all of the information on this sheet is true to the best of my knowledge."

Signed \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to fill out this application.  
Please return it to your Youth Minister by Friday Feb. 26, 2010

**Extreme Faith Camp 2010 Teen Leader Registration Form  
Church of St. Albert and St. Michael Catholic Church**

PARENTAL/GUARDIAN CONSENT AND LIABILITY WAIVER  
*THIS FORM IS TO BE HANDED INTO: St. Michael's or St. Albert's*

Type/Date of Event: EF Camp Training Day on Saturday April 10, 2010 at *St. Albert's Church*, Albertville, MN from 9:00 AM -3:00 PM. EF Camp Weekend Retreat on Saturday June 19 & Sunday June 20, 2010 and EF CAMP 2010 to be held at *Big Sandy Camp, McGregor, MN*

Locations: St. Albert's Church – Albertville MN. Big Sandy Camp – McGregor, MN

Group Leader: *John O'Sullivan and Cassandra Olson*

Mode of Transportation: Bus / Car pool

**Cost of Event: \$245.00 for teen leaders (\$125.00 deposit due w/t registration)**

T-Shirt Size: SM MED. LG. XL XXL XXXL

Participant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female Grade in School (Fall 2010): 10 11 12

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Name Relationship Phone Number

**HEALTH INFORMATION: (Please Provide A Copy Of Your Medical Insurance Card)**

Medication my child is taking at present \_\_\_\_\_ For headache or minor pain, my child may be given \_\_\_\_\_ Allergies \_\_\_\_\_ Other Medical

Conditions \_\_\_\_\_ Insurance Company \_\_\_\_\_ Family Health Plan carrier number \_\_\_\_\_ Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, **GIVE PERMISSION FOR** \_\_\_\_\_  
Parent or Guardian Name Child Name

**TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT.** I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the *St. Michael Catholic Church and Church of St. Albert* of any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the *St. Michael Catholic Church and Church of St. Albert* in defense of such a claim/suit.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by *St. Michael Catholic Church and Church of St. Albert* while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

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

MEDICAL MATTERS: 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.*)

Medical Treatment: In the event it comes to the attention of *St. Michael Catholic Church and Church of St. Albert*, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, 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 at my expense.

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 indicated on attached Prescription Drug & Medical Authorization Form.

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

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

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

Specific Medical Information: *St. Michael Catholic Church and Church of St. Albert*, 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 child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has 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 conditions of my child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing the *St. Michael Catholic Church and Church of St. Albert*, in this event sponsored by the *St. Michael Catholic Church and Church of St. Albert* on April 10 & June 19-25, 2010.

*Please read and sign.*

I, \_\_\_\_\_, WILL:  
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, the *St. Michael Catholic Church and Church of St. Albert* can send the participant home at the participant/guardian's expense.

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please return to: *St. Michael Catholic Church and Church of St. Albert* (Attn: *John O'Sullivan or Cassandra Olson*) – (St. Michael Catholic Church, 11300 Frankfort Pkwy, St. Michael, MN 55376; **Church of St. Albert**, 11400 57th St. NE, Albertville, MN 55301

No later than: Friday Feb. 26, 2010

*St. Michael Catholic Church and Church of St. Albert is sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18.*

*St. Michael Catholic Church and Church of St. Albert*  
**PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS**  
(USE THIS FORM ONLY IF MEDICATION IS TO BE GIVEN DURING THE EVENT)

Any prescriptions or over-the-counter medicine must be in the original, labeled container and stored under lock and key.

The following information must be completed before medicine is given.

-----

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

Name of Prescription/Medicine \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_

Amount of Dosage \_\_\_\_\_

Times to be Given \_\_\_\_\_

Duration of Prescription \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to  
Parent/Guardian St. Michael Catholic Church and Church of St. Albert  
dispense medicine to \_\_\_\_\_ as directed above.  
Teen

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

# BIG SANDY YOUTH REGISTRATION / MEDICAL FORM

|   |   |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
|---|---|-----|---------|--|------|-----------|--------------|----------------|-------|------------------------|----------------------|-----------|----------------------------------|--|--------------------|--------------------------|----------------------|----------------------|--------------------------|--|----------------|---------|------------------|--------------|-----------------------------------|--|--------------------------------------|---------------------------------------|---------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|--|--|--------------------------------|---|------------------------------------|----------------------------------|-------------------------------------|----------------------------------|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;">Camper name</td> <td style="width: 20%; text-align: center; border-bottom: 1px solid black;">M F</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State Zip</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Home Phone #</td> <td style="border-bottom: 1px solid black;">E-Mail Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Grade</td> <td style="border-bottom: 1px solid black;">Age at Camp Birth date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Retreat/Camp Session</td> <td style="border-bottom: 1px solid black;">Date Year</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Church Sponsoring, <i>if any</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Parent or Guardian</td> <td style="border-bottom: 1px solid black;">Emergency Contact Person</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Emergency Home Phone</td> <td style="border-bottom: 1px solid black;">Emergency Cell Phone</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Health Insurance Company</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Insurance ID #</td> <td style="border-bottom: 1px solid black;">Group #</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Physician's Name</td> <td style="border-bottom: 1px solid black;">Phone Number</td> </tr> </table> <p><b>HEALTH HISTORY— CHECK (X) THOSE THAT APPLY</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> EPILEPSY</td> <td><input type="checkbox"/> HEART TROUBLE</td> </tr> <tr> <td><input type="checkbox"/> CHICKEN POX</td> <td><input type="checkbox"/> SKIN TROUBLE</td> </tr> <tr> <td><input type="checkbox"/> ASTHMA</td> <td><input type="checkbox"/> BED WETTING</td> </tr> <tr> <td><input type="checkbox"/> CONVULSIONS</td> <td><input type="checkbox"/> EAR TROUBLE</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> EMOTIONAL PROBLEMS</td> </tr> </table> <p>ALLERGIC TO:</p> <p><input type="checkbox"/> PENICILLIN</p> <p><input type="checkbox"/> INSECT STINGS</p> <p><input type="checkbox"/> OTHER (LIST)</p> | Camper name                             | M F | Address |  | City | State Zip | Home Phone # | E-Mail Address | Grade | Age at Camp Birth date | Retreat/Camp Session | Date Year | Church Sponsoring, <i>if any</i> |  | Parent or Guardian | Emergency Contact Person | Emergency Home Phone | Emergency Cell Phone | Health Insurance Company |  | Insurance ID # | Group # | Physician's Name | Phone Number | <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> SKIN TROUBLE | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> BED WETTING | <input type="checkbox"/> CONVULSIONS | <input type="checkbox"/> EAR TROUBLE | <input type="checkbox"/> EMOTIONAL PROBLEMS |  | <p><b>IMMUNIZATION RECORD—CHECK (X) IF IMMUNIZED AGAINST.</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> POLIO</td> <td><input type="checkbox"/> WHOOPING COUGH</td> </tr> <tr> <td><input type="checkbox"/> SMALL POX</td> <td><input type="checkbox"/> MEASLES</td> </tr> <tr> <td><input type="checkbox"/> DIPHTHERIA</td> <td><input type="checkbox"/> RUBELLA</td> </tr> </table> <p>Date of Last Tetanus Booster _____</p> <p>LIST ANY ACTIVITY RESTRICTIONS, DIETARY RESTRICTIONS, HEALTH PROBLEMS AND/OR MEDICATION (RX OR OTC) RELATING TO YOUR CHILD. PLEASE GIVE A DESCRIPTION OF ANY CURRENT PHYSICAL, MENTAL, OR PSYCHOLOGICAL CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESTRICTIONS OR CONSIDERATIONS WHILE AT CAMP. USE THE REVERSE SIDE OR AN ADDITIONAL SHEET.</p> <p><b>IMPORTANT</b></p> <p>IF THE HEALTH HISTORY IDENTIFIES HEALTH PROBLEMS OR ACTIVITY LIMITATIONS, A PHYSICAL EXAMINATION MUST BE PERFORMED BY A LICENSED PHYSICIAN WITHIN ONE YEAR BEFORE ADMISSION TO CAMP, INCLUDING INSTRUCTIONS RELATIVE TO THE LIMITATION OF THE CAMPER'S PARTICIPATION IN CAMP ACTIVITIES OR MEDICATION REQUIREMENTS.</p> <p>I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO PROTECT AND SAFEGUARD ALL GUESTS. I AGREE NOT TO HOLD BIG SANDY CAMP LIABLE FOR ANY ILLNESS OR MISHAP FROM ANY CAUSE WHATSOEVER.</p> <p>I ALSO GIVE CAMP FULL AUTHORITY IN DEALING WITH CAMPER DISCIPLINE. I UNDERSTAND THAT ANY CAMPER DISREGARDING CAMP RULES IS SUBJECT TO BEING SENT HOME WITH NO REFUND OF CAMP FEES. I UNDERSTAND THAT ANY CAMPER WHO WILLFULLY DESTROYS PROPERTY WILL BE HELD RESPONSIBLE AND BE CHARGED ACCORDINGLY.</p> <p>BIG SANDY CAMP MAY USE PHOTOS, VIDEO, OR COMMENTS, OF THE CAMPER NAMED ABOVE IN ITS PROMOTIONAL MATERIALS.</p> <p>I GIVE PERMISSION TO BIG SANDY CAMP TO DISPENSE MEDICATION (RX OR OTC MEDICATION) TO MY CAMPER TO MANAGE ILLNESS AND INJURY AS DIRECTED BY THE BIG SANDY CAMP MEDICAL PROTOCOL.</p> <p>IN CASE OF EMERGENCY, IF I CANNOT BE CONTACTED, OR THE EMERGENCY NUMBER CANNOT BE CONTACTED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD, AS NAMED ABOVE.</p> <p>ALL ABOVE INFORMATION IS CORRECT AS LISTED.</p> <p>SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____</p> | <input type="checkbox"/> POLIO | <input type="checkbox"/> WHOOPING COUGH | <input type="checkbox"/> SMALL POX | <input type="checkbox"/> MEASLES | <input type="checkbox"/> DIPHTHERIA | <input type="checkbox"/> RUBELLA |
| Camper name   | M F                                     |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Address   |   |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| City  | State Zip                               |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Home Phone #  | E-Mail Address                          |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Grade   | Age at Camp Birth date                  |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Retreat/Camp Session  | Date Year                               |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Church Sponsoring, <i>if any</i>  |   |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Parent or Guardian  | Emergency Contact Person                |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Emergency Home Phone  | Emergency Cell Phone                    |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Health Insurance Company  |   |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Insurance ID #  | Group #                                 |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| Physician's Name  | Phone Number                            |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| <input type="checkbox"/> EPILEPSY   | <input type="checkbox"/> HEART TROUBLE  |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| <input type="checkbox"/> CHICKEN POX  | <input type="checkbox"/> SKIN TROUBLE   |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| <input type="checkbox"/> ASTHMA   | <input type="checkbox"/> BED WETTING    |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| <input type="checkbox"/> CONVULSIONS  | <input type="checkbox"/> EAR TROUBLE    |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| <input type="checkbox"/> EMOTIONAL PROBLEMS   |   |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| <input type="checkbox"/> POLIO  | <input type="checkbox"/> WHOOPING COUGH |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| <input type="checkbox"/> SMALL POX  | <input type="checkbox"/> MEASLES        |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |
| <input type="checkbox"/> DIPHTHERIA   | <input type="checkbox"/> RUBELLA        |     |         |  |      |           |              |                |       |                        |                      |           |                                  |  |                    |                          |                      |                      |                          |  |                |         |                  |              |                                   |  |                                      |                                       |                                 |                                      |                                      |                                      |   |  |  |                                |   |                                    |                                  |                                     |                                  |