



REACH: God Camp
Harrison Bay State Park
Chattanooga, TN
June 18-21, 2018

- Who:** Open to rising 7th and 8th graders (Fall of 2018). We will be joining with other youth from the Diocese of Knoxville. We are also possibly looking for an adult chaperone or two to attend for the week.
- What:** You will spend several days at a camp at Harrison Bay State Park in Chattanooga. Activities will include swimming at the Olympic size swimming pool, outdoor sports, camp fire, prayer services, the celebration of Mass, team building activities, group interaction, a dance, and relaxing. Free time activities include four square, basketball, softball, volleyball, horseshoes, and the evening dance.
- When:** June 18-21, 2018. Please note that transportation is not provided. However, we can coordinate carpooling among All Saints participants.
- Where:** Harrison Bay State Park – Chattanooga, TN
- Cost:** Cost is \$90 for registered All Saints Parishioners (in thanks to our stewardship philosophy). All non-parishioners and friends are welcome for the full cost of \$130.
- Deadline:** All forms and payment are due to Annie by Tuesday, May 29! PLEASE NOTE THERE IS A \$30 LATE FEE IF YOU SUBMIT PAST THE DEADLINE.
- Questions:** Contact Annie Nassis at annieatallsaints@yahoo.com or 865-474-8609



Diocese of Knoxville Youth Ministry Youth Code of Conduct

The Diocese of Knoxville
Office of Youth & Young Adult Ministry

1. The use of drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, or items that would endanger people, pets, wildlife or property are strictly prohibited.
2. Clothing must be appropriate. Spaghetti straps, short shorts, tank tops, halter tops, baggy pants, and any clothing item found bearing midriffs or offensive in reference to tobacco or alcohol products including insignias or advertisements will not be allowed. Refusal to wear appropriate clothing could lead to dismissal.
3. Language and behavior should exemplify Christian values.
4. Public displays of affection will be addressed when deemed inappropriate.
5. Participants are expected to respect the rights and property of others. Neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of the youth and his/her family.
6. Male and female participants are not to be in each other's sleeping areas without a chaperone. If applicable, participants must wear their nametags at all times.
8. No participants are permitted to leave the premises without the expressed permission of the coordinator.
9. Cell phones and music, game and video game gear are not permitted, unless otherwise noted. CELL PHONES will be taken up if brought to end of camp.
10. No participants are allowed to ride in a car with another participant to, from or during an event unless expressed permission has been given by a parent/guardian to the coordinator.
11. Each participant is expected to participate in all activities of the event. The coordinator will address any infraction.
12. Food and drinks are only to be consumed in designated areas.
13. Participants are to abide by specific regulations pertaining to individual events not stated above.

Note: The coordinating team takes every precaution to provide a safe environment. We cannot be held responsible for the willful misconduct of a young person.

Code of Conduct: I agree that my child is expected to abide by all rules and regulations as outlined in the Code of Conduct. I agree that if my child fails to abide by this Code or engages in any infraction that is deemed by the coordinator to be inappropriate, he/she will be dismissed from this activity and sent home at my expense with no right of reimbursement.

Parent's Printed Name _____

Parent's Signature _____ **Date** _____

I have read the foregoing and understand the **Code of Conduct** for participants and I will abide by them. In addition, I will abide by all directions given me by the coordinators and adult chaperones. I understand and agree that my parents or guardians will be notified at the time of any infraction requiring my dismissal from this event and that I will be sent home at the expense of my parents or guardian. I also understand that being in possession of any tobacco product, alcoholic beverage, or drug is cause for automatic dismissal from this event.

Participant's Printed Name _____

Participant's Signature _____ **Date** _____

REACH FOR THE Gifts of CHRISTmas: Love, Peace and Joy!

When: June 18th at 7:00 p.m. to June 21rd at 12:00 p.m.

Where: Harrison Bay State Park Group Camp

For Upcoming Grades: 7th and 8th graders (Fall 2018)

Cost: \$90 for registered All Saints Parishioners (in thanks for our Stewardship Philosophy). Non-parishioners and friends welcome for \$130. There is a \$30 late charge if you submit after the deadline.

Registration, Liability & Medical Form

Participants Name: _____

Birthdate: _____ Address: _____

City, State, Zip: _____

Home Phone: _____ Parent Cell: _____

Youth Cell: _____ Date of Birth: _____

Grade (Fall '18): _____ Gender: _____ Parish: _____

E-Mail: _____ Roommate Request : _____

T – Shirt size: Y-L A-S A-M A-L A-XL A-XXL

DEADLINE: TUESDAY, MAY 29, 2018

Send completed registration forms and payment to:

Annie Nassis – All Saints Catholic Church

620 N. Cedar Bluff Rd.

Knoxville, TN 37923

*Please make checks payable to All Saints.

For more info, contact annieatallsaints@yahoo.com or 474-8609.

YOUTH MEDICAL FORM AND LIABILITY WAIVER

Participant's Name: _____

I (parent/guardian name) _____ give my permission for my child to participate in **REACH – God Camp on June 18-21, 2018**. Attached is a youth code of conduct. I also understand that a certain code of conduct is expected of all youth and adults attending any diocese or parish sponsored event. By signing below, I state that my child has read, signed and has full understanding of the code of conduct. I understand that any violation of the code of conduct by any youth is grounds for dismissal. If a young person is in violation of the code of conduct, I understand that I will be contacted by telephone regardless of the time of day or evening to be informed of the incident. I also understand that all arrangements and costs for transportation home will be the responsibility of the parent or guardian.

Parent Printed

Name: _____

Parent Signature: _____ Date: _____

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health. **I assume all responsibility for the health of my child with our families Insurance.** Of the following statement pertaining to medical matters, sign only those in accordance with your wishes:

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to the 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 number or at my business: (My Business Phone: _____)
(Cell Phone: _____)

Please contact – Name: _____

Relationship: _____ Phone Number: _____

Health Plan Carrier: _____ Policy #: _____

OTHER MEDICAL TREATMENT

1. In the event it comes to the attention of the Diocesan and Parish agents, chaperones or representatives associated with this event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself.)

Print Name _____ Signature _____ Date _____

2. My child is taking medications at present. My child will bring all such medications necessary and such medications will be labeled. Names of medications and concise directions for administering such medications, including dosage and frequency are:

Print Name _____ Signature _____ Date _____

3. I hereby grant permission for non-prescription medication (such as Tylenol, Advil, throat lozenges, and cough syrup) to be given to my child, if deemed advisable.

Print Name _____ Signature _____ Date _____

4. No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Print Name _____ Signature _____ Date _____

Dietary Needs? _____

Allergies? _____

Physical Limitations? _____

Special Medical Conditions? _____