

CAMP WOW 2012



October 1, 2011

Dear Parents and Students,

Plans are well underway for another awesome Camp WOW. It is time to register for Camp WOW 2012. **The dates for camp this year are Wednesday, June 13, through Saturday June 16, 2012.** The cost is \$235.00. Attached is the initial registration form.

Registrations, medical forms, and a \$50 non-refundable deposit will be accepted beginning on Monday, November 7th at 8:00 AM. Registrations turned in before this date will not be processed until Tuesday, November 8th.

Due to the limited number of camper spots available, registration will be on a first-come, first-serve basis, and limited to families registered with Holy Cross Parish. Be sure to sign up early. This past year camp was filled in one day!

Camp WOW is a three night, four day event with each day building on the one before.

Anyone who is accepted into camp is committing to be there for the entire event. Therefore, please check your schedules to make sure that other events do not conflict with Camp WOW. If a registered camper needs to withdraw before January 31st, 2012, your deposit may be refunded if we are able to fill the spot. After January 31, 2012 all deposits are non-refundable regardless of whether we are able to fill the spot. If needed, a limited number of scholarships will be available. Please call the youth ministry office as soon as possible.

We look forward to providing your camper with a wonderful camp experience that will bring them closer to Jesus. If you have any further questions, please contact Pat or Jen Haviland at the number listed below.

God Bless,

Jennifer Haviland
Early Teen Youth Ministry
Holy Cross Church
(630) 879-4751 X111

CAMP WOW FRIDGE REMINDER:

(CUT & SAVE)

- Registration Form & deposit—turn in on Nov. 7
- Medication Form—turn in with original
Registration (update as needed)
- \$185 Final payment—due by April 1, 2012
- Parent Volunteer Form—due by April 1, 2012

CAMP WOW!

Join us for 4 days of:

- SWIMMING
- CANOEING
- PRAYER
- ARCHERY
- BIBLE STUDY
- CAMPFIRE
- INDOOR GYM & CLIMBING WALL
- WORSHIP
- HIKING
- SPORTS
- MUSIC
- SKITS
- CRAFTS
- AND SO MUCH MORE!



CAMP WOW! 2012

What: CAMP WOW!

IT'S A 4 DAY, 3 NIGHT SUMMER CAMP FOR MIDDLE SCHOOL STUDENTS SPONSORED BY SEVERAL AREA PARISHES.

When: WEDNESDAY, JUNE 13TH - SATURDAY, JUNE 16TH

Who: ANY HOLY CROSS YOUTH CURRENTLY IN GRADES 6th, 7th OR 8th

Where: DICKSON VALLEY CAMP, NEWARK, IL (NEAR PLANO, IL)

Cost: \$235.00 (INCLUDES THE \$50.00 DEPOSIT)

Note: NO ONE WILL BE DENIED PARTICIPATION BECAUSE OF AN INABILITY TO PAY.

How to Register...

FILL OUT THE REGISTRATION FORM AND MEDICATION FORM AND RETURN BOTH WITH YOUR \$50.00 NON-REFUNDABLE DEPOSIT (payable to Holy Cross Church) TO THE HOLY CROSS RELIGIOUS ED OFFICE OR PARISH MAILBOX

(See letter attached for complete details.)

THE BALANCE OF \$185.00 IS DUE NO LATER THAN APRIL 1, 2012.

FAILURE TO PAY BY THE REQUIRED DATES WILL RESULT IN THE LOSS OF YOUR SPACE AT CAMP (Unless other arrangements have been made in advance).

QUESTIONS? CALL PAT OR JEN HAVILAND AT 879-4751 X111.

REGISTRATIONS WILL BE ACCEPTED BEGINNING ON NOVEMBER 7, 2011 at 8 AM.

SPACES WILL BE FILLED ON A FIRST-COME, FIRST-SERVE BASIS.

CAMP WOW 2012 REGISTRATION & PERMISSION FORM

Please print all information.

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Phone # (____) _____ Birth Date _____ Gender: M _____ F _____

School _____ Grade in '11-'12 _____ T-shirt Size (adult sizes) _____

Medication, allergies, medical conditions, physical limitations, diet restrictions or other important information we should be aware of: (Please List All) _____

All medications, including over the counter (i.e. Tylenol, Motrin, Benadryl, etc.), are to be turned in to the camp nurse upon registration. Medication should be in its original container and clearly marked with the young person's name. Please put the containers in a clear zip-lock bag along with instructions indicating dosage amounts and times. Medication forms for ALL CAMPERS are due at time of registration. Please update medication forms as needed before camp begins.

I give permission for my child, _____, to attend the Middle School summer camp located at Camp Dickson Valley, Newark, IL and co-sponsored by the parishes of Holy Cross, St. Peter's, St. Catherine Drexel, and Corpus Christi, to be held June 13-16, 2012. I hereby release and indemnify the co-sponsoring parishes, the staff and volunteers, and the Catholic Bishops of Rockford and Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I agree to accept all financial responsibility as a result of scheduling medical treatment.

I understand that if my child fails to cooperate with camp rules and regulations, they may be immediately dismissed from the event, and it is my responsibility for picking up my child as necessary.

Parent Name (please print) _____

Parent Signature _____ Date _____

Phone #: (____) _____ (circle) mother's / father's — (circle) home / work / mobile

Phone #: (____) _____ (circle) mother's / father's — (circle) home / work / mobile

Phone #: (____) _____ (circle) mother's / father's — (circle) home / work / mobile

Regular Physician _____ Phone (____) _____

Insurance Co. _____

Policy Holder _____ Policy # _____

Parent Email: (Please Print Clearly) _____

***Return this completed form, the medication form, & \$50 deposit to the Youth Ministry Office starting 11/7/11. Space fills up quickly. Don't miss out! Checks can be made out to Holy Cross Church.**

No one will be denied participation because of an inability to pay. If you anticipate any difficulties in meeting this deadline, please call the Youth Ministry office at 630-879-4751 x111.

We will be happy to work with you.

**ALL MEDICATION FORMS ARE DUE AT TIME OF REGISTRATION
(PLEASE UPDATE AS NEEDED PRIOR TO CAMP)**

The following policies have been put in place for the safety and well-being of all campers, counselors, volunteers, and staff of Camp WOW.

REGARDING ILLNESS

1. If your child is ill anytime within 7 days prior to Camp beginning, we ask that they not come to camp per the Centers for Disease Control recommendations for summer camps.
2. If your child has a temperature over 99.5 during camp we will ask you to bring them home.
3. If your child is sent home due to illness during camp we ask (for the safety of others at camp) that your son or daughter not return to camp.

REGARDING MEDICATION:

1. A registered nurse will be at camp the entire time. Only the registered camp nurse will dispense medications to campers or counselors.
2. Only medications indicated on the attached medication form **and** provided by the parents will be dispensed to campers or counselors.
3. All prescription medications must be in the original containers and have parent's and physician's signature on the medication form in order for the campers or counselors to be given medications.
4. All over the counter medications (i.e. Tylenol, Motrin, Benadryl, etc.) must be in the original containers and must have permission to dispense indicated on the medication form.

If medications change before camp begins, please submit a new medication form or addendum to original form indicating changes. Please date and sign every form.

MEDICATION FORM IS DUE AT TIME OF REGISTRATION

CAMP W.O.W. 2012 STUDENT MEDICATION FORM

*MUST BE SIGNED BY PARENT & PHYSICIAN BEFORE MEDICATIONS WILL BE GIVEN—USE EXTRA COPIES IF MORE MEDICATIONS ARE NEEDED

Child's Full Name _____ D.O.B. _____
 Parent's Names _____
 Parent Phone #'s (List All) _____

Allergies: _____

Over the Counter Medications & Dosages

You must send OTC medications with child in original containers labeled with camper's/counselor's name.

Tylenol/Acetaminophen _____ dosage Benadryl _____ dosage Ibuprofen(Motrin) _____ dosage

Advil _____ dosage Other _____ name of medication / dosage

OTC Administered date/time/dosage _____

My child has permission to carry epi-pen inhaler
 Parent Initials _____

Prescription Medication & Dosages *Use another form if more RX medications are needed

You must send prescription medication with child in original containers labeled with child's name.

This Side To Be Completed By Physician:

Name of Medication: _____

Dosage: _____

THIS SIDE FOR OFFICE USE ONLY

	Date:	Date:	Date:	Date:
A.M.				
Noon				
P.M.				

This Side To Be Completed By Physician:

Name of Medication: _____

Dosage: _____

THIS SIDE FOR OFFICE USE ONLY

	Date:	Date:	Date:	Date:
A.M.				
Noon				
P.M.				

Notes: _____

Parent Signature _____

MD Signature _____

DATE: _____

***Must be signed by both for medications to be distributed to campers or counselors.**