

CAMP CRUSADER:



WHERE IMAGINATIONS RUN WILD

2018

CAMP CRUSADER

AT

ST. LOUIS KING OF FRANCE

FORMS

CAMPER NAME: _____

2018 CAMP CRUSADER AT ST. LOUIS KING OF FRANCE
HANDBOOK SIGNATURE PAGE

PLEASE INITIAL:

_____ I HAVE READ AND UNDERSTAND THE 2018 CAMP CRUSADER AT ST. LOUIS KING OF FRANCE
HANDBOOK.

_____ I AGREE TO PAY ALL CAMP TUITION AND FEES BY THE DATE THEY ARE REQUIRED.

_____ I UNDERSTAND THAT FAILURE TO COMPLY WITH CAMP CRUSADER RULES (WHETHER
REGARDING TUITION AND FEES OR CAMPER BEHAVIOR) MAY RESULT IN MY
CAMPER'S DISMISSAL FROM CAMP.

PLEASE PRINT:

NAME OF CAMPER

NAME OF PARENT

SIGNATURE OF PARENT

DATE

2018 CAMP CRUSADER AT ST. LOUIS KING OF FRANCE
PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

PARTICIPANT'S NAME (CHILD): _____

BIRTH DATE: _____ SEX: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

CELL PHONE: _____

EMERGENCY CONTACT: _____ CELL PHONE: _____

I _____ GRANT PERMISSION FOR MY CHILD, _____
TO PARTICIPATE IN CAMP CRUSADER AT ST. LOUIS KING OF FRANCE. THIS ACTIVITY WILL TAKE PLACE UNDER THE
GUIDANCE AND DIRECTION OF PARISH EMPLOYEES AND/OR VOLUNTEERS FROM ST. LOUIS KING OF FRANCE.

A BRIEF DESCRIPTION OF THE ACTIVITY FOLLOWS:

TYPE OF EVENT: CAMP CRUSADER AT ST. LOUIS KING OF FRANCE

LOCATION OF EVENT: 1600 LAKE AVENUE, METAIRIE, LA 70005

INDIVIDUAL IN CHARGE: PAMELA K. SCHOTT, PRINCIPAL

AS PARENT AND/OR LEGAL 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 OUR HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD
HARMLESS AND DEFEND ST. LOUIS KING OF FRANCE, IT'S OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS, THE
ARCHDIOCESE OF NEW ORLEANS, IT'S EMPLOYEES AND AGENTS, CHAPERONES, OR REPRESENTATIVES ASSOCIATED WITH
THIS 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 PARISH, ITS OFFICERS, DIRECTORS AND AGENTS, AND
THE ARCHDIOCESE OF NEW ORLEANS, IT'S EMPLOYEES AND AGENTS AND CHAPERONES, OR REPRESENTATIVE
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 PARISH/DIOCESE.

SIGNATURE: _____ DATE: _____

2018 CAMP CRUSADER AT ST. LOUIS KING OF FRANCE
MEDICAL MATTERS

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.

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. I CAN BE REACHED AT _____.

IN THE EVENT OF AN EMERGENCY, IF YOU ARE UNABLE TO REACH ME AT THE ABOVE NUMBER, CONTACT:

NAME AND RELATIONSHIP: _____

PHONE: _____

FAMILY DOCTOR: _____

PHONE: _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY #: _____

SIGNATURE: _____ DATE: _____

2018 CAMP CRUSADER AT ST. LOUIS KING OF FRANCE
REQUEST FOR SCHOOL PERSONNEL TO ADMINISTER MEDICATION

PLEASE COMPLETE ALL INFORMATION ON THIS FORM AND RETURN IT TO THE CAMP CRUSADER OFFICE.

CHILD'S NAME _____ GROUP _____

MEDICATION TO BE ADMINISTERED

DOSAGE _____ TIME OF DAY TO BE GIVEN _____

REASON FOR MEDICATION

ANTICIPATED NUMBER OF DAYS THE MEDICATION WILL NEED TO BE GIVEN DURING CAMP CRUSADER HOURS.

POSSIBLE SIDE EFFECTS

(SIGNED PHYSICIAN STATEMENT MUST ACCOMPANY THIS REQUEST FORM.)

MY SIGNATURE AUTHORIZES THE CAMP CRUSADER DIRECTOR, OR DESIGNEE TO ADMINISTER THE MEDICATION, AS STATED ON THIS FORM, TO MY CHILD, _____ AND THAT ANY SIDE EFFECTS FROM THE MEDICATION ARE NOT THE SCHOOL'S RESPONSIBILITY.

PARENT/GUARDIAN SIGNATURE

DATE

2018 CAMP CRUSADER AT ST. LOUIS KING OF FRANCE

SAFETY AND HEALTH POLICIES

ALL CAMPERS MUST BE COMPLETELY POTTY TRAINED TO REMAIN AT CAMP FOR THE SUMMER. WE UNDERSTAND THAT THERE ARE TIMES WHEN A CAMPER WILL HAVE AN ACCIDENT; HOWEVER, IF THIS OCCURS ON A REGULAR BASIS, THE CHILD WILL NOT BE ALLOWED TO CONTINUE COMING TO CAMP.

THIS IS A HEALTH ISSUE AS WE SWIM EVERY DAY. IT IS ALSO A SAFETY ISSUE AS A COUNSELOR WOULD HAVE TO BE AWAY FROM THEIR GROUP TO CHANGE THE CAMPER, LEAVING THE OTHER COUNSELOR IN CHARGE WITH A LARGE GROUP OF CHILDREN. SAFETY IS OUR TOP PRIORITY AT CAMP AND ANYTHING THAT WILL JEOPARDIZE THIS CANNOT BE ALLOWED.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS POLICY, PLEASE FEEL FREE TO CONTACT ADMINISTRATION AT ANY TIME.

PLEASE SIGN AND RETURN:

I HAVE READ AND UNDERSTAND CAMP CRUSADER'S SAFETY AND HEALTH POLICIES. I UNDERSTAND I WILL BE NOTIFIED IF THERE IS AN ISSUE AND I AGREE TO ABIDE BY THE DECISION OF THE CAMP CRUSADER DIRECTORS.

NAME OF CAMPER

NAME OF PARENT

SIGNATURE OF PARENT

DATE

2018 CAMP CRUSADER AT ST. LOUIS KING OF FRANCE

SWIM TEST PERMISSION FORM FOR SUMMER CAMP

EACH SUMMER, EVERY CHILD TAKE A MANDATORY SWIM TEST BEFORE THEY ARE ALLOWED TO GO IN THE DEEP END OF THE POOL. THE CHILDREN WHO DO NOT PROVE THEMSELVES ABLE TO SWIM MUST WEAR A BRACELET AND WILL BE LIMITED TO THE SHALLOW END OF THE POOL. AWARENESS OF THE CAMPER'S SWIMMING ABILITY IS A SERIOUS ISSUE AT CAMP. IF YOU FEEL YOUR CHILD DOES NOT HAVE THE EXPERIENCE OR ABILITY TO SWIM IN THE DEEP END OF THE POOL, PLEASE LET US KNOW.

CHECK THE APPROPRIATE BOXES: (FOR K-7)

_____ KNOWING MY CHILD'S SWIMMING ABILITY, I FEEL MY CHILD SHOULD NOT SWIM IN THE POOL.

_____ I AM REQUESTING THAT MY CHILD WEAR A FLOTATION DEVICE WHILE IN THE POOL. (MUST BE PROVIDED BY THE PARENT)

PLEASE CHECK THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING:

_____ I UNDERSTAND THAT I MUST PROVIDE A BOTTLE OF SUNSCREEN WITH AN SPF OF 15 OR GREATER TO SEND WITH MY CHILD FOR SWIM CAMP.

_____ I UNDERSTAND THAT I MUST KEEP MY CHILD HOME FROM CAMP IF HE HAS A FEVER, FLU LIKE SYMPTOMS, COLD, UPSET STOMACH, DIARRHEA, PINK EYE, RUNNY NOSE, HEPATITIS A OR OTHER CONTAGIOUS ILLNESS.

MY CHILD _____ HAS MY PERMISSION TO PARTICIPATE IN SUMMER SWIM CAMP PROGRAM.

CHILD _____

AGE _____

PARENT SIGNATURE _____ DATE _____

2018 CAMP CRUSADER AT ST. LOUIS KING OF FRANCE

PHOTO RELEASE FORM

WE ARE SENDING YOU THIS PARENTAL/GUARDIAN CONSENT FORM TO REQUEST PERMISSION FOR YOUR CHILD'S PHOTO/IMAGE, NAME, AND/OR GRADE TO BE PUBLISHED ON THE ST. LOUIS KING OF FRANCE WEBSITE, ST. LOUIS KING OF FRANCE SCHOOL FACEBOOK AND INSTAGRAM PAGES, ST. LOUIS KING OF FRANCE AFFILIATED FACEBOOK PAGES (I.E. BUCKTOWN SEAFOOD FESTIVAL FACEBOOK PAGE), AS WELL AS IN THE NEWS MEDIA (I.E. THE CLARION HERALD, THE TIMES PICAYUNE, THE ADVOCATE, WWL TV, NOLA BABY, ETC.).

AS YOU ARE AWARE, THERE ARE POTENTIAL DANGERS ASSOCIATED WITH THE POSTING OF PERSONALLY IDENTIFIABLE INFORMATION ON A WEBSITE SINCE GLOBAL ACCESS TO THE INTERNET DOES NOT ALLOW US TO CONTROL WHO MAY ACCESS SUCH INFORMATION. THESE DANGERS HAVE ALWAYS EXISTED; HOWEVER, WE AS A SCHOOL WANT TO CELEBRATE YOUR CHILD AND HIS/HER WORK, WHICH IS WHY WE ARE ASKING FOR YOUR PERMISSION TO USE YOUR CHILD'S PHOTO/IMAGE, NAME, AND/OR GRADE. PLEASE NOTE THAT WE DO NOT INCLUDE STUDENTS' NAMES NOR DO WE TAG PARENTS ON SOCIAL MEDIA (I.E. FACEBOOK, INSTAGRAM).

IF YOU, AS PARENT OR GUARDIAN, WISH TO RESCIND THIS AGREEMENT, YOU MAY DO SO AT ANY TIME IN WRITING BY SENDING A LETTER TO PAM SCHOTT, PRINCIPAL AT ST. LOUIS KING OF FRANCE SCHOOL, AND SUCH RESCISSION WILL TAKE EFFECT UPON RECEIPT BY THE SCHOOL.

CHECK ONE OF THE FOLLOWING CHOICES:

I/We GRANT PERMISSION FOR THIS STUDENT'S PHOTO/IMAGE, NAME, AND GRADE TO BE PUBLISHED ON THE ST. LOUIS KING OF FRANCE WEBSITE, ST. LOUIS KING OF FRANCE SCHOOL FACEBOOK AND INSTAGRAM PAGES, ST. LOUIS KING OF FRANCE SCHOOL AFFILIATED FACEBOOK PAGES, AS WELL AS IN THE NEWS MEDIA, AND/OR IN OTHER NON-PROFIT, EDUCATION-RELATED ORGANIZATIONS' PUBLICATIONS.

I/We DO NOT GRANT PERMISSION FOR THIS STUDENT'S PHOTO/IMAGE, NAME, AND GRADE TO BE PUBLISHED ON THE ST. LOUIS KING OF FRANCE WEBSITE, ST. LOUIS KING OF FRANCE SCHOOL FACEBOOK AND INSTAGRAM PAGES, ST. LOUIS KING OF FRANCE SCHOOL AFFILIATED FACEBOOK PAGES, AS WELL AS IN THE NEWS MEDIA, AND/OR IN OTHER NON-PROFIT, EDUCATION-RELATED ORGANIZATIONS' PUBLICATIONS.

CAMPER'S NAME: (PLEASE PRINT) _____

MOTHER'S NAME (PRINT): _____

MOTHER'S SIGNATURE: _____ DATE: _____

FATHER'S NAME (PRINT): _____

FATHER'S SIGNATURE: _____ DATE: _____

SLKE CAMP CRUSADER MASTER CARD

CHILD'S NAME: _____ CAMP GROUP: _____

	MOTHER	FATHER
NAME		
ADDRESS		
HOME PHONE #		
WORK PHONE #		
CELL PHONE #		

PERSON WITH WHOM THE CHILD LIVES: _____

CHILD'S DOCTOR: _____ DOCTOR'S PHONE #: _____

INDIVIDUALS (OTHER THAN PARENTS LISTED ABOVE) TO CONTACT IN CASE OF EMERGENCY:

_____ PHONE # _____ RELATIONSHIP: _____
 _____ PHONE # _____ RELATIONSHIP: _____

DOES YOUR CHILD HAVE ANY:

	YES	NO	IF YES, PLEASE EXPLAIN
FOOD ALLERGIES			
OTHER ALLERGIES			
DIETARY RESTRICTIONS			
SPECIAL NEEDS/HEALTH CONCERNS			

MY CHILD HAS PERMISSION TO BE RELEASED TO THE FOLLOWING INDIVIDUALS IN ADDITION TO PARENTS AND EMERGENCY CONTACT PERSONS LISTED ABOVE. PLEASE NOTIFY THESE INDIVIDUALS THAT THEY MUST BRING PROOF OF IDENTIFICATION WHEN PICKING UP YOUR CHILD.

NAME (FIRST AND LAST)	RELATIONSHIP

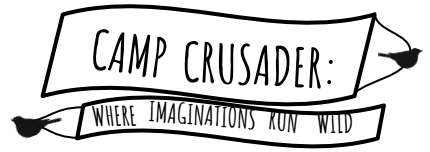
I AUTHORIZE THE FACILITY TO SECURE EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

PARENT'S SIGNATURE

DATE

ALL ABOUT

AGE:



BIRTHDAY:



PETS:



FAVORITE THING ABOUT SUMMER:



HOBBIES:

FAVORITE MUSIC:



FAVORITE SUBJECT
IN SCHOOL:



FAVORITE MOVIE:



FAVORITE BOOK:



FAVORITE
SNOBALL
FLAVOR:

