

# Legendary Lodge

## 2009 Summer Camp Application

### Camper Information PLEASE PRINT LEGIBLY

Name			
Address			
City & State		Zip	
Parent Email			
Date of Birth		Phone/Mobile	
Parish/Catholic School			
Grade (next fall)		Male/Female	
Parent/Guardian Name			
Parent Home Phone		Phone/Mobile	
<b>LIST CAMP CHOICES:</b> (if applicable list up to 3)	FIRST	SECOND	THIRD

### T-Shirt (check one of the adult sizes)

SMALL  MEDIUM  LARGE  XL  XXL

### Costs

**\$305 FOR THE WEEK. FEE INCLUDES SUPPLEMENTAL ACCIDENT INSURANCE AND A CAMP T-SHIRT. PAPER REGISTRATION INCLUDES ADDITIONAL \$10 PROCESSING CHARGE!**

**PLEASE RETURN APPLICATION WITH \$105 DEPOSIT CHECK PAYABLE TO LEGENDARY LODGE TO:**

DIOCESE OF HELENA  
LEGENDARY LODGE  
PO BOX 1729  
HELENA, MT 59624

DEPOSIT IS NON-REFUNDABLE IF A CONFIRMED CAMP SPACE IS OFFERED.

High School youth wishing to apply for CYC Leadership camp (June 14-19) should contact their youth minister or pastor first. If chosen by their parish to attend Leadership Camp, they will be registered by their youth minister or pastor. Any other registration for high school camp session will be voided.

The attached Health Information Form must be returned with this registration form and deposit check.

### FOR OFFICE USE ONLY

NUMBER	RECEIVED DATE	CHECK NUMBER
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### CAMPER CONDUCT AND MEDICAL CONSENT AND RELEASE STATEMENTS

(Both camper and parent/guardian must sign)

I, the undersigned, hereby grant permission for my son/daughter (circle one) to attend and participate in camp activities held at Legendary Lodge during the camp season of 2009. In case of medical emergency, I understand that every effort will be made to contact me. If necessary, and in the event I cannot be contacted or respond, I hereby grant permission for my son/daughter (circle one) to be evaluated, diagnosed, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Roman Catholic Diocese of Helena of all consequences that may arise as a result of treatment. I will hold harmless and indemnify the Roman Catholic Bishop of Helena, the Diocese of Helena, or representatives associated with Legendary Lodge from any liability in the event of injury. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for such injuries. My child agrees to abide by all rules and regulations attached to this event. I also understand that if my child violates any of the rules regarding possession or use of alcohol or other drugs, rules related to camp code of conduct, or rules governing personal and private property, my child may be required to leave the activity at my own expense. I understand that the Diocese of Helena will not be held liable if my child fails to cooperate with such regulations.

My child also understands and agrees that fighting, obscene language, and the use and/or possession of tobacco, alcohol, illegal drugs, and weapons of any kind is not acceptable behavior. If my child should be found in such behavior or in possession of and/or using such substances and/or items, he/she also understands that I/we may be notified and that he/she may be sent home at my own expense. Camp directors have the authority to prohibit video camera or other forms of image-recording devices, as appropriate to prevent distractions or to protect against violating the privacy of participants. Violation of this policy may result in confiscation of such equipment for the duration of camp session, and/or dismissal from camp. By signing this form I understand that a picture of my child and/or work or projects created by my child (e.g. still pictures, motion pictures, audio recording, video recording, or other reproduction of my child's image) may be published by Legendary Lodge, The Diocese of Helena, or The Foundation for the Diocese of Helena, to advance the mission and purpose of the Catholic Church.

Camper Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

### 2009 Camp Schedule

#### Entering 5th, 6th, or 7th Grade Camps:

BOYS

June 28-July 3

GIRLS

Aug 2-7

#### Entering 7th, 8th or 9th Grade Camps:

JUNIOR HIGH #1

June 21-26

JUNIOR HIGH #2

July 19-24

JUNIOR HIGH #3

Aug 9-14

#### Entering 9th—12th Grade Camps:

HIGH SCHOOL #1

July 12-17

HIGH SCHOOL #2

July 26-31

# Legendary Lodge

## 2009 Health Information Form

Information collected on this form is used strictly for the safety and well-being of the camper. Information is considered confidential and provided to Legendary Lodge staff members on a need-to-know basis.

### Insurance Information PLEASE PRINT LEGIBLY

DO YOU CARRY FAMILY MEDICAL/ HOSPITAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUBSCRIBER	
INSURANCE CARRIER	
POLICY #	GROUP #
INSURANCE STREET ADDRESS	
INSURANCE CITY/STATE/ZIP	
CAMPER RELATIONSHIP TO SUBSCRIBER	

### Emergency Contact (other than parents)

FIRST & LAST NAME	
RELATIONSHIP TO CAMPER	
PHONE (DAY)	PHONE (EVENING)
STREET ADDRESS	
CITY/STATE/ZIP	

### Recommendations & Restrictions

Any specific activities to be encouraged or limited by physician's advice:
Any medically prescribed meal plan or dietary restrictions:
Current medications (send with specific dosages and instructions):

### Physician Information

Name of family physician:	
Phone #:	Date of last physical:

### Health History (Check and give approximate dates)

<input type="checkbox"/> Frequent ear infections	_____ / _____
<input type="checkbox"/> Diabetes	_____ / _____
<input type="checkbox"/> Heart defect / disease	_____ / _____
<input type="checkbox"/> Asthma	_____ / _____
<input type="checkbox"/> Epilepsy/convulsions	_____ / _____
<input type="checkbox"/> Hypertension	_____ / _____
<input type="checkbox"/> Mononucleosis	_____ / _____
<input type="checkbox"/> Bleeding/clotting disorder	_____ / _____
<input type="checkbox"/> Other (specify): _____	_____ / _____
Date of last tetanus booster:	_____ / _____
Any other conditions or illnesses we should know: _____	

### Allergies

<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Peanuts
<input type="checkbox"/> Other (specify): _____	

Parent/Guardian Signature

Date