

Saint Peter's Youth Ministry

EDGE Camp

What: Day camp for rising 7th and 8th grade students of Saint Peter's Parish on the Corporal Works of Mercy

Theme: "In the Footsteps of Jesus"

When: JULY 7-11, 2025 (9am-4pm)

Cost: \$350 (checks made payable to St. Peter's). If you would like to pay by credit card visit www.stpetersolney.org/spy-pay

**Cancellation Policy: Cancel by June 24, 50% refund;
No refunds after June 24.**

Registration deadline: June 14 or until filled. First come, first served; equal slots assigned to SOR and St. Peter's School. (Maximum of 30 campers)

Forms Required:

- Camp Registration Form
- Permission Slip

Daily Schedule:

Mon-Fri: 9:00 am – 4:00 pm (Drop off and Pick up at the Media Center – back of school). The days will include a combination of faith activities, service and field trips.

Service hours earned can be used for both Confirmation and SSL hours (5 hours for each). The **camper** is responsible for providing all necessary forms.

Parent Help Needed:

- Parents to chaperone afternoon activities (Virtus approved)
- Parents to shop or donate items

EDGE Camp 2025: Registration Form

Student information (please print clearly)

Participant's Name: _____ Grade in Fall '25 _____

Home Phone: _____ T-shirt Size: (Adult) ____ S ____ M ____ L ____ XL
____ XXL

Student's Cell Phone: _____ Parent's Cell Phone _____

Parent's Email Address: _____ School _____

Rules and Expectations:

- Cell phones are not to be used during camp, unless at a field trip
- Full participation and positive attitude are expected at all times
- Appropriate dress at all times – certain sites will request specific attire
- Remain respectful to adults, high school counselors and peers
- Positive words only
- Students must bring their own lunch unless otherwise specified
- No weapons, e-cigarettes, tobacco products, or alcohol are allowed

I understand and agreed to the rules and expectations of EDGE Camp:

Student Signature **Date**

Parent Signature **Date**

Parent Help:

_____ I can shop for supplies and food

_____ I can donate supplies or food

_____ I would like to chaperone in the afternoon on ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri

_____ I am Virtus approved. (required for chaperones)

Office use only: ____ received ____ deposit ____ final payment

SAINT PETER'S YOUTH MINISTRY
PERMISSION SLIP

A brief description of the activity follows:

Event	EDGE Camp
Location	Saint Peter's Parish/Field Trips
Date	July 7-11, 2025
Transportation	School Bus
Cost	\$350

Participant's name: _____

Participant's Cell phone: _____

Birth date: _____ Sex: _____

Mother's name: _____ Father's Name _____

Home address: _____ City/St/Zip _____

Cell: Mom: _____ Dad: _____

Email Address: _____

I, _____ grant permission for my child,
Parent's name
_____ to participate in this parish
Child's name

event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Saint Peter's Catholic Church.

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 Saint Peter's Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the 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 Washington, its employees and agents and chaperons, 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. Further, I agree that my child's picture may be used to promote youth ministry events through flyers, brochures and on our website/social media.

Signature: _____ Date: _____

***** SEE OTHER SIDE FOR MEDICAL INFORMATION *****

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.)

1. *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. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

2. *Other Medical Treatment:* In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, 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..

Signature: _____ Date: _____

3a. *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 as follows:

Signature: _____ Date: _____

3b. I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, Benadryl, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

3c. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

4. *Specific Medical Information:* The parish 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? _____

You should be aware of these special medical conditions of my child: _____

Signature: _____ Date: _____