

CAMP WOW



Plans are underway for the 25th annual awesome, multi-parish, 4 day/3 night summer Camp WOW! The cost is \$260.00 per camper. Due to the limited number of camper spots available, camp is filled on a first-come, first served basis and limited to families registered at St. Charles Borromeo (so be sure to sign up early!)

DATES FOR 2020

Camp WOW 25 Is

Tuesday June 17 through
Friday June 20

**** ATTENTION ****

If you are enrolled in summer school, you will not be able to attend camp.

1. Registration, medical forms, and a \$100 **nonrefundable deposit** will be due with the registration form.
2. Anyone registering for camp is committing to be there for the entire event. **If you are enrolled in summer school you will not be able to attend camp.**
3. If a registered camper withdraws before May 1, 2020 any payments may be refunded. After May 1, all payments are non-refundable.



We look forward to providing your camper with a wonderful camp experience that will bring them closer to Jesus and their Catholic faith!

**Questions? Contact Jan Olson at
janolson@scbparish.org or**

847-683-1536

JESUS
ROCKS!

Camp WOW 2019

Join us for 4 days of:

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

What IS CAMP WOW?

It's a 4-day, 3-night summer camp for middle school students sponsored by several area parishes.

When IS WOW?

Tuesday, June 17 to Friday, June 20

Who Can Go?

Any St. Charles Borromeo youth currently in grades 6th, 7th, or 8th

How Much Is It?

\$260.00* (Includes the \$100.00 deposit)

Where ? Dickson Valley Camp
Newark, IL (near Plano, IL)

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

SOUNDS FANTASTIC!! How CAN I Register?

1. Fill out the registration form and medication forms and return both with your \$100.00 non-refundable deposit (payable to St. Charles Borromeo Church) to the Parish Office, or mail it in ATTN: Camp WOW! The balance of \$160.00 is due no later than May 1, 2020.
2. 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 Jan Olson 847-683-1536 or Janolson@scbparish.org

Forms available in the Parish Office

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

SPACES FILL FAST—DON'T MISS OUT!

If your child is enrolled in summer school,
they will not be able to attend Camp WOW!



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

847-683-2391

Youth Ministry Liability Release Form

Participant's Name: _____

Birth Date: _____ Grade as of Jan.2020 _____

Address: _____

City _____ State: _____ Zip: _____

School: _____

Day phone: _____ Evening phone: _____

EMAIL: _____

Adult T-SHIRT SIZE: S M L XL XXL

I grant permission for the administration of First Aid to my child, _____, by the people in charge of Camp WOW, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Allergic to medication/other: NO YES (circle one)

Medication (s) presently taking: _____

Insurance Information

Policy in the name of _____

Insurance Company: _____

Policy Number: _____

Identification/Social Security Number: _____

Authorized Physician: _____

Phone #: _____

Parent/Guardian Signature: _____

Date: _____

In case of emergency, contact: _____

Phone #: _____

Office Use Only:

Total Cost: \$160.00

\$100 Deposit Pd.: _____

Amt. Paid: _____ Check: _____ Cash: _____

Balance due: _____

Medication Form.: _____

I, _____ (parent name), give permission for my son/daughter to attend **Camp WOW located at Dickson Valley Camp, Newark, IL** on the following day(s): from June 17-20, 2020. I hereby release and indemnify St. Mary's Church, Christ the Teacher Parish, St. Margaret Mary, Corpus Christi, St. Peter's, St. John Neumann and St. Charles Borromeo and their staff, volunteers, and the Catholic Bishops of Dioceses of Joliet and Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Campers are expected to stay during the entire camp session and if they must leave for any reason other than a family emergency they should not register for camp.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the church website and ministry Face book pages.

Code of Behavior

As a participant in this event, he/she are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time to all events.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in designated public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. All medications, including over the counter (i.e. Tylenol, aspirin, 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.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the

Youth Signature: _____

Parent/Guardian Signature: _____

Date: _____

***Return this completed form and the backside medication form, plus \$100 deposit to the St. Charles Borromeo.** Checks can be made out to St Charles Borromeo Church. No one will be denied participation because of an inability to pay. Drop forms and payment at the RE/Parish Office, Jan Olson 847-683-1536 or email janolson@scbparish.org

CAMP W.O.W. 2020 STUDENT MEDICATION FORM—PLEASE PRINT NEATLY

*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 Names: _____
Parent Phone #'s _____
Emergency Contact: _____
Phone # _____
ALLERGIES: _____

Over the Counter Medications & Dosages

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

acetaminophen (Tylenol) ☐ _____ 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 _____ Administered (date/time/dosage) _____

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

This Side To Be Completed By Physician if Prescription meds.

Name of Medication: _____
Dosage: _____
Time Taken: _____

THIS SIDE FOR NURSE USE ONLY

Time	Date	Date	Date
A.M.			
Noon			
P.M.			

This Side To Be Completed By Physician if Prescription meds.

Name of Medication: _____
Dosage: _____
Time Taken: _____

THIS SIDE FOR NURSE USE ONLY

Time	Date	Date	Date
A.M.			
Noon			
P.M.			

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

Notes: _____

*Parent Signature _____

**MD Signature _____

*DATE: _____

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

**Must be signed by MD if prescription medications are indicated.

Even if your child does not receive prescription meds, this form must be signed!