

# Hidden Lake EDGE CAMP!

## June 17-22 , 2024

### ***Cost and payment information:***

\$630.00 per participant/chaperone - which includes Camp fees, charter bus transportation, all camp meals on camp grounds, room accommodations, and (1) T-shirt.

***Registration Opens:*** NOW!

### ***What is Hidden Lake Edge camp?***

The Life Teen Summer camps staff plans prepares, and facilitates the programming, liturgies, and activities for each day. Each day you'll experience daily Mass, opportunities for the Sacrament of Reconciliation, and other powerful prayer experiences. Our evening sessions will break open scriptural topics to lead your teens into a more authentic encounter with Christ. All of this alongside our low and high ropes courses, an obstacle course, messy games, and plenty of free time. Each day campers will enjoy three delicious meals and a snack with their parish.

### ***Where is it held:***

Camp is held at Hidden Lake Life Teen Camp Center in Dahlonega GA. Our Group will take a bus with another parish to this campsite (830 Hidden Lake Rd, Dahlonega, GA 30533 )

### ***Housing:***

Teens will sleep in either a cabin, a motel-style lodge, or a dormitory-style lodge. Boys and Girls will of course stay in different cabins!

### ***Food:***

Meals will be provided by the camp in-house kitchen staff! Teens will need to bring Cash for Lunch / Snacks on the way to and from Camp!

### ***T-shirts:***

Each teen will get one Holy Redeemer Youth Ministry T-shirt! (Teens can bring Cash to buy more camp t-shirts and other fun things from the camp store!

### ***Financial Assistance:***

please contact Molly Berra!

### ***More Information: Information***

**Questions:** -Contact Molly Berra **Email:** mberra@gmail.com **Cell:** 832-797-9232

## Teen Information:

Participant's Name \_\_\_\_\_ M/F \_\_\_ Grade: \_\_\_ Date of Birth \_\_\_\_\_

*First MLast*

Participant Email \_\_\_\_\_ Participant Cell #: (\_\_\_\_) \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## Medical History – Please bring/keep your insurance card with you at this event at all times (or a copy)

Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_

*Will your child be taking prescription medication at the time of the event?: \_\_\_\_\_ Yes \_\_\_\_\_ No Can your child be responsible for taking his/her own medication?: \_\_\_\_\_ Yes \_\_\_\_\_ No. If "No," please contact Molly Berra*

Physician Name \_\_\_\_\_ Physician Phone#: (\_\_\_\_) \_\_\_\_\_

Health Insurance company: \_\_\_\_\_ Health Insurance policy #: \_\_\_\_\_

## Parents/Guardian information and emergency Contact Name (other than parents DURING this event):

Name: \_\_\_\_\_ Parent Cell# (\_\_\_\_) \_\_\_\_\_ Parent Email: \_\_\_\_\_

Name: \_\_\_\_\_ Parent Cell# (\_\_\_\_) \_\_\_\_\_ Parent Email: \_\_\_\_\_

Name: \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

## Agreements

1. As the parent or guardian of \_\_\_\_\_ ("child"), in signing this form, I hereby state that the information included in this form is correct and give permission for my child to participate in the activity entitled EDGE Summer camp
2. I understand that my child will be under the supervision of the Archdiocese of St. Louis and Holy Redeemer Parish staff and volunteers.
3. I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, Holy Redeemer parish and its affiliates and its and their employees, volunteers and agents, harmless from any injury to my child or damage to or loss of personal property of my child not caused by the negligence or misconduct of the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents.
4. In the case of a medical emergency, I understand that every effort will be made to contact me, but in the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed and treated in accordance with standard medical practice by licensed medical personnel.
5. I hereby give permission to the Archdiocese of St. Louis/Holy Redeemer parish to use any photographs or video footage taken of my child in print, parish social media and on their website for promotional purposes.
6. I understand that for all Youth Ministry activities there is a zero tolerance policy for the use of any mood altering chemicals (including vaping, alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I understand that if my child is found with any of these chemicals, I will be contacted and expected to pick up my child from this event immediately. \_\_\_\_\_  
I agree to follow this policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT of \_\_\_\_\_ enclosed. Check #: \_\_\_\_\_, Cash \_\_\_\_\_