

The Diocese of Western Louisiana

Camp Hardtner 2393 Camp Hardtner Road, Pollock, LA 71467

318-765-3794 EMAIL: office@camphardtner.org

Youth Event Application for 2009-2010 (PAGE 1 of 3)

ALL APPLICATIONS ARE DUE TWO WEEKS PRIOR TO THE EVENT

Please check the event you wish to attend. A new application is required each time.

J.E.Y.L.-Nov. 20-22, 2009 (6th-8th) _____ Happening #48-Jan. 22-24, 2010 (9th-12th)__
Son Rise-Feb. 26-28, 2010 (6th-8th) _____ C.L.E.Y.-April 16-18, 2010 (9th-12th)_____

Separate Mailings will be sent out for: MIQRA-October 2-3, 2009 Bishop's Ball-February 13, 2010
& Mission Palooza-September 17-18, 2010

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ SHIRT SIZE: _____

Age: _____ Grade: _____ Sex: _____ Applicant's Cell Phone #: _____

Parent or Guardian: _____

Phone numbers for home: _____ work: _____ cell: _____

Emergency Contact Name & Phone #: _____

Church Attending: _____

Parish Priest or Senior Warden Signature: _____

Registration begins at 6:00pm on Friday evening of the event. Please eat before you arrive, no meals will be served on Friday evening. Bring all items necessary for staying @ camp: bed linens, towels, toiletries, etc. Please remember to bring warm clothing, a flash light and bug spray. The use of cell phones will NOT be allowed, so please leave those items at home. If an emergency occurs and a phone is necessary, one will be provided.

All youth events in the Diocese of Western Louisiana prohibit the use of tobacco products, alcohol/drugs, and sexual misconduct. I, the undersigned, understand that if I violate these standards, my parents will be notified and will be required to pick me up.

Applicant's signature

Parent/Guardian Signature

The cost of the weekend is \$75.00 Please make your check payable to Camp Hardtner. Each candidate is also asked to bring a snack item to share with the entire group. The snacks will be collected upon registration. THE PICK UP TIME ON SUNDAY WILL BE ADVISED @ REGISTRATION. Please be on time to pick up your child. All events do not end at the same time.

Supplemental Medical Form and copy of insurance card must be attached

AUTHORIZATION FOR MEDICAL RELEASE-COPY OF INS. CARD REQUIRED

Name of Parent or Guardian: _____

Name of Physician: _____

Address: _____ Doctor's Phone #: _____

Health Insurance Co.: _____ Policy #: _____

Insurance Co. Phone #: _____ List any FOOD allergies or special diet needs that you have: _____

We, the undersigned parents of _____ hereby give our authorization and permission to any Physician, Emergency Medical Technician, Nurse, Hospital, and/or other medical personnel, to make any emergency examination, diagnosis and/or treatment, which may be needed for my child.

PARENT/GUARDIAN SIGNATURE: _____

PAGE 3 of Applicant and Staff Application

OVER-THE-COUNTER-MEDICATION

Name: _____

I, _____, (parent/guardian) hereby give permission for my child, _____, to be able to be given over-the-counter medications if necessary. Dosages will be given according to the directions on the bottle unless a physician directs otherwise.

Headache:	Tylenol/Aspirin
Antihistamines:	Benadryl
Decongestant:	Dimetapp/Sudafed
Cold Medication:	Tylenol Cold
Upset Stomach:	Pepto Bismol/Tums/Zantac/Pepsid
Diarrhea:	Imodium AD/ Kaopectate
Menstrual Cramps:	Pamprin/Midol/Aleve
Poison Ivy:	Calamine Lotion/Cortaid
Foot Fungus:	Tinactin/Desenex
Constipation:	MOM/Dulcolax
Nausea:	Dramamine/Maalox
Muscle Aches:	Ben-gay/Ibuprofen
Cuts:	Neosporin Ointment
Eye Drops:	Refresh
Sun Burns	Solarcaine/Foile Ointment

Signed: _____

Date: _____

Event: _____