



St. Catherine's Academy
 215 N. Harbor Blvd., Anaheim, CA 92805
 714-772-1363 / 714-772-3004 Fax
 admissions @stcatherinesacademy.org

**SCA-2021 Leadership Challenge Camp
 Application & Consent Form**

June 25-27, 2021 & July 2-5, 2021 Cost \$675

St. Catherine's Academy

Dear Parents: Please complete this form in its entirety. Write NA if not applicable.

Child's Last Name				Child's First Name				SEX	
								M	F
DOB	Month	Day	Year	AGE	Full Address				

REQUIRED CAMP INFORMATION

T-Shirt Size						Sweatshirt Size						Pants Size					
YS	YM	YL	AS	AM	AL	A XXL	YS	YM	YL	YXL	AS	AM	AL	AXL	A XXL	L	W
Boot Size		Pers. Cell Phone			Model		Phone No.										
					Serial No.												

PARENT / GUARDIAN INFORMATION

Father / Male Guardian											
Full Name					Email Address						
Phone Numbers			Home			Cell			Work		
Mother / Female Guardian											
Full Name					Email Address						
Phone Numbers			Home			Cell			Work		

EMERGENCY CONTACT INFORMATION

Emergency Contact 1					Cell	
					Work	
Emergency Contact 2					Cell	
					Work	

CHILD'S HEALTH INFORMATION

Does this child have any medical conditions that may require special supervision by camp facilitators?

NO	(If Yes Explain)
YES	

ALLERGY	NO	YES	If Yes Explain
Food			
Environment			
Medications			
Other			

Please list any prescription or non-prescription medications taken by this child. Any medications sent to camp with the cadet will be collected during Registration and administered by camp facilitators as directed. All medication MUST be in its original bottle. Camp participants are not allowed to retain any medications on their person while attending the camp.

Initials	My child does NOT take any Prescription or Non-prescription medications.				
	Camp EMT is (allowed) (not allowed) to administer non-prescription medications when deemed appropriate.				
MEDICATION	DIAGNOSIS	DOSE	ROUTE	FREQUENCY	TIMES

MEDICAL / DENTAL INSURANCE

Please provide a copy (front and back) of your insurance cards.

Medical Insurance

Physician's Name	Physician's Phone No.	Insurance Provider	Policy Number

Dental Insurance

Dentist's Name	Dentist's Phone No.	Insurance Provider	Policy Number

CONSENT TO ATTEND

I/We, the undersigned parent/legal guardian of _____ do hereby give permission for my/our child to attend the St. Catherine's Academy Leadership Challenge Camp. I agree to direct my child to cooperate and conform to directions and instructions of academy personnel responsible for this youth activity. I agree that in the event my child is injured as a result of his participation in the St. Catherine's Academy Leadership Challenge Camp, including transportation to and from this activity, whether or not caused by negligence (active or passive) of the school youth activities program, or any of its agents or employees, re-course for payment of any resulting hospital, medical, dental treatment or related cost and expenses will first be had against any accident, hospital, medical or dental insurance, or any benefit plan of mine and/or my spouse.

Father's / Guardian Signature

Mother's / Guardian Signature

Date

CONSENT TO TREAT

I/We, the undersigned parent/legal guardian of _____, a minor, do hereby authorize the Administrator or other designated representatives of St. Catherine's Academy (SCA), SCA Leadership Challenge Camp, Anaheim, California, as agents of the undersigned to consent to x-ray examination, anesthetics, medical or surgical diagnosis or treatment (including first-aid) and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at the office of the said physician, at a hospital or any other location supervised by SCA personnel. This authorization also applies to dental care and eye care under duly licensed persons as well as to providing first aid on SCA's campus, field trips or in connection with any other sponsored activity. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent or any organization involved, including without limitation SCA, assumes liability or any financial responsibility for exercising the power given by this authorization. I understand that:

- a. My child may not keep any prescription or over-the-counter medication on his person and must turn in all medication to a Leadership Camp facilitator upon arrival on campus.
- b. Prescription and over-the-counter medication needs to be in its original bottle.

I hereby certify that the medication and dosage listed on the front of this form (if applicable) is prescribed by my child's physician and will not hold SCA, its employees and/or agents liable for the administration of such medication based on the information provided by me.

Father's / Guardian Signature

Mother's / Guardian Signature

Date

BEHAVIORAL CONSENT

As a Catholic school with a military tradition St. Catherine's Academy has stringent behavioral and moral codes which all camp participants are required to adhere to. In the event a participant flagrantly disregards established behavioral or moral expectations and, in doing so, becomes a disruptive influence that makes other participants feel uncomfortable, insecure, and/or unsafe, camp facilitators may be required to remove said participant from the camp. In any instance where the senior facilitator has no recourse but to send a participant home, that participant's parents/guardians agree, after notification, to pick up the participant from Camp San Luis Obispo at their own expense with St. Catherine's Academy refunding a pro-rated dollar amount back to the participant's parents for that portion of the camp not attended (meals and transportation costs only).

Father's / Guardian Signature

Mother's / Guardian Signature

Date

MEDIA RELEASE CONSENT

During the course of the school year, St. Catherine's Academy (SCA) publishes a school brochure, periodic newsletter and other promotional materials for informational and recruitment purposes. We also are visited by various media during newsworthy events that we may host on campus. Photographs and video of school sponsored events and activities, as well as students and faculty, are usually included within the context of these publications. In order to guarantee personal privacy and ensure your agreement to participate, SCA asks that you sign the following Media Release form.

With respect to publication on School web pages, SCA agrees that:

- a. Where text on a page is not associated with an accompanying image (for example, list of honor roll students or scholarship award winners), first and last name of students will be used.
- b. SCA will promptly comply with any request by the undersigned to remove any photograph or text featuring his or her child.
- c. No other personal information relating to a student or minor will be published.

In signing the Media Release Agreement, you understand, acknowledge, and agree that:

- a. No monetary or other consideration shall be due or owing in connection with this agreement or any use authorized hereby.
- b. St. Catherine's Academy shall be entitled to use the foregoing materials in subsequent years.
- c. This agreement may be terminated at any time with written notice.

I CONSENT to the above agreement.

I DO NOT consent to the above agreement, with the understanding that my child will NOT be in any publications or any other media reference in this document.

Father's / Guardian Signature

Mother's / Guardian Signature

Date

LEGAL CLAUSE

I, _____ on behalf of myself and my child _____, understand, acknowledge, and appreciate that participation in the Leadership Challenge Camp involves physical activities that involve risks of injury including but not limited to injuries sustained from any and all outdoor activities, such as running, jumping, hiking, climbing, camping, obstacle courses, and engaging in sporting events; injuries sustained from objects that are either natural or man-made, such as rocks, cliffs, trees and obstacles, or terrain that induces slipping, falling, colliding or otherwise; injuries or illnesses sustained from either plants or animals.

For and in consideration of permitting my child _____ to participate in the Leadership Challenge camp, I hereby wave and release St. Catherine's Academy, its agents, servants, volunteers, employees, parents, subsidiaries and affiliates ("Releasees") with respect to any and all claims or causes of action that I, my child, or the estate, heirs, survivors, executors, or assigns of either, for illness, injury, disability, death, or loss or damage to person or property arising out of or as a consequence of participation in the above activities whether caused by active or passive negligence of the Releasees or otherwise. By executing this document, I agree to hold the Releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities This release shall be binding to the fullest extent permitted by law.

Father's / Guardian Signature

Mother's / Guardian Signature

Date