



PHONG TRÀO THIẾU NHI THÁNH THỂ VIỆT NAM TẠI HOA KỲ

Liên Đoàn Joan of Arc

ĐOÀN PHÊRÔ & PHAOLÔ

3115 E Victory Drive • Savannah, Georgia • 31404

ĐƠN GHI DANH – Camp Hùng Đông XXV

Location: Villa Marie Center • 6 Dolan Drive • Savannah, GA • 31406

Date & Time: 7:00 AM Saturday, July 23, 2022 to 4:00PM Sunday, July 24, 2022

Contact Information: Trưởng Mỹ Hạnh 678-699-0570, Trưởng Minh 912-695-5466

Student #1's Name: _____ **Date of Birth:** _____ **Grade:** _____
(*Saint, Last, Middle, First*)

Address: _____ **Phone Number:** _____
(*# Street, City, State, Zip Code*)

Student #2's Name: _____ **Date of Birth:** _____ **Grade:** _____
(*Saint, Last, Middle, First*)

Address: _____ **Phone Number:** _____
(*# Street, City, State, Zip Code*)

Student #3's Name: _____ **Date of Birth:** _____ **Grade:** _____
(*Saint, Last, Middle, First*)

Address: _____ **Phone Number:** _____
(*# Street, City, State, Zip Code*)

Lệ phí/ Registration Fee: \$25

Official Use Only: Cash Check Tiền lệ phí đính kèm \$ _____ Ủng hộ trại \$ _____

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**Catholic Diocese of Savannah
Nativity of Our Lord Catholic Church
Parental Consent and Emergency Medical Release Form**

Camp Hùng Đông XXV

Location: Villa Marie Center • 6 Dolan Drive • Savannah, GA • 31406

Date & Time: 7:00 AM Saturday, July 23, 2022 to 4:00PM Sunday, July 24, 2022

I, the parent(s)/guardian(s) of:

Student #1's Name: _____
(Saint, Last, Middle, First)

Student #2's Name: _____
(Saint, Last, Middle, First)

Student #3's Name: _____
(Saint, Last, Middle, First)

hereby give my permission and approval for my child(ren) to participate in the **Camp Hùng Đông XXV**, waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, TNTT PHÊRÔ & PHAOLÔ, the Diocese of Savannah, GA, and any of their religious, employees, staff, volunteers, agents and representatives from any liability, claim, loss, damage, cost or expense arising from his/her participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

I also agree that I am legally responsible for all/any personal actions taken by my child(ren) during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior or my/our child/guardianship.

Please list ALL medical conditions / allergies / special health information:

Please list ANY medications (prescription or nonprescription) you would like us to be aware of:

EMERGENCY CONTACT:

Parent/Guardian *Signature*: _____ Date: _____

Printed Name: _____ Relationship: _____ Phone #1: _____

Student #1 Signature: _____ Date: _____

Student #2 Signature: _____ Date: _____

Student #3 Signature: _____ Date: _____

In signing the line above I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations for this event, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's/guardian's expense.

Basic rules/expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; males and females are to remain in separate sleeping spaces at all times; No inappropriate physical/sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event.

Requested information on this form MUST be filled in completely in order for the student(s) to participate in this event.