**CHAOS X 22 Mini Camp**

**Peer Minister**

**Application**

For students entering grades 10-12 in Fall 2022

# July 18-22, 2022

# **FIVE** DAYS OF FAITH, FUN, AND FRIENDS

|  |  |
| --- | --- |
| **Monday: Sandy Spring Adventure Park (8:30AM-6PM)** |  |
| **Tuesday: River & Trail Outfitters (8:30AM – 6PM)****Wednesday: Service Day at St. Michael’s Catholic School Overlea (8:30AM - 6PM)****Thursday: Guppy Gulch Waterpark (8:30AM - 6PM)****Friday: Hershey Park (7:30AM - 11PM)** |  |
|  |  |

**Peer Minister Fee**

includes activities, lunch daily, admission to venues, transportation, camp t-shirt.

$185 early discount if paid by April 30, 2022,

$200 beginning May 1, 2022.

Please submit Peer Minister Application with your permission slip

Priority will be given to St. Michael parishioners. Checks will be returned if we do not have room.

You will receive service hours for the week.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade: \_\_\_\_\_\_**

**Are you a St. Michael parishioner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If not, what parish do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Since this is a leadership position with responsibilities of leading faith-based activities, it is necessary for our peer ministers to have an understanding of the Catholic faith and a willingness to share that with others.**

Please attach a one paragraph letter describing how your gifts and/or experiences support the responsibilities described below and what has inspired you to join us as a Peer Minister.
(You may attach a separate page – be sure to include your name on any additional pages.)

As a Peer Minister, you will be responsible for:

* attending a few planning meetings,
* fulfilling the Archdiocese of Baltimore child protection policy by submitting a Volunteer Services Application and participating in Youth “Worthy of the Call” training,
* attending all five (5) days of Mini Camp.

You will be a successful Peer Minister if you:

* enjoy helping youth feel welcomed,
* enthusiastically participate in activities,
* demonstrate faithful leadership by leading select portions of the program,
* and assist other leaders as needed.

We will review these requirements at the first planning session.

I have read the above responsibilities and am able to fulfill them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Peer Minister Signature Date

**Application is due with paperwork.**

To submit your application, please email to samatucci@smpschurch.org or drop it off in front of Sally’s office. For more information, email Simone at soyekan@smpschurch.org.

**ST. MICHAEL POPLAR SPRINGS ROMAN CATHOLIC CHURCH**

**MIDDLE SCHOOL MINI-CAMP 2022**

 **PERMISSION & RELEASE AGREEMENT FOR MINOR PARTICIPANT**

|  |  |
| --- | --- |
| **Youth Name:** | **Home Phone #:****Cell # Name**  |
| **Parent(s) Name:** | **Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address:** | **T-Shirt Size:****Youth S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_** **Adult S\_\_\_\_\_ M\_\_\_\_\_\_ L\_\_\_\_\_\_\_ XL\_\_\_\_\_XXL\_\_\_\_\_** |
| **City/State/Zip:** | **Parent email** |
| **Youth’s Date of Birth: Youth’s Grade this fall:** | **Youth’s Gender: (circle one)**  **male female** |

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the Youth Ministry group of St. Michael Poplar Springs Parish to:

# **Mini-camp at St. Michael: Hershey Park, Guppy Gulch Waterpark, St. Michael’s Overlea Service Day, Sandy Spring Adventure Park, and River & Trail.**

# July 18 - 22, 2022

I/we acknowledge receipt of the attached information sheet describing the planned activities \_\_\_\_(initials)

I acknowledge and will complete the venue/activity waivers for Guppy Gulch and River & Trail Outfitters (paper forms) and Sandy Spring Adventure Park <https://go.theflybook.com/manage/QLO1XY#/lite> \_\_\_\_ (initials).

I hereby grant permission for my minor Child to participate in any and all activities associated with **MIDDLE SCHOOL MINI-CAMP 2022** facilitated by **ST. MICHAEL POPLAR SPRINGS ROMAN CATHOLIC CHURCH** (the “Parish”), whether on Parish premises or at off-site locationsfrom **JULY 18, 2022 t**o **JULY 22, 2022** (collectively, the “Activities”). In consideration of the opportunity for my Child to participate in the Activities, I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY **ST. MICHAEL POPLAR SPRINGS ROMAN CATHOLIC CHURCH** and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the “Archdiocese of Baltimore”) to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my child’s participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

By my signature below, I understand and acknowledge that my Child’s participation in the Activities may involve risk of minor or serious injury, including illness, permanent disability, death, and/or economic losses that may result from my Child’s actions or inactions, the actions or inactions of others, and the inherent risks of the Activities. I further understand and acknowledge that the Activities may involve outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child’s participation on behalf of my Child and I voluntarily elect to allow my Child to participate in the Activities.

I understand that my Child’s participation in the Activities may require a minimum level of fitness for safe participation, and the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my Child is physically fit and healthy enough to participate in the Activities. By allowing my Child to participate in the Activities, I confirm that my Child does not have an elevated temperature and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact me and any below-named emergency contact(s) (or if the urgency of the circumstances does not allow for an attempt to contact me or any below-named emergency contact(s)), I authorize and consent to any medical care deemed necessary for my Child’s health and safety during the Activities.

I hereby authorize the Parish and the Archdiocese of Baltimore to take photographs and video recordings of my Child in connection with my Child’s participation in the Program. I acknowledge and agree that photographs or videos of participants in the Program, including my Child, may be used and published for educational and promotional purposes, including, for example, such purposes as publications, website or social media content, or other print or electronic materials produced from time to time by the Parish or the Archdiocese of Baltimore. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my Child to be photographed or videotaped, I will notify the Parish in writing. I understand that the Parish and the Archdiocese have no control over the use of photographs or film taken by media that may cover the Program in which my Child participates.

I hereby grant permission to any Parish or Archdiocesan staff member or volunteer to provide the following over-the-counter drugs (or their generic equivalent) to my Child if requested by my Child during the Activities, in accordance with dosage instructions provided on the corresponding drug’s packaging (check all that apply):

 🞎Tylenol/Acetaminophen 🞎 Benadryl Diphenhydramine 🞎Advil/ Ibuprofen

 🞎Imodium/ Antidiarrheal 🞎 Neosporin/Antibody Ointment 🞎Pepto Bismol

**The following emergency contact(s) have permission to pick up my Child and to make decisions regarding my Child on my behalf if the Parish or the Archdiocese of Baltimore is unable to contact me:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any provision or provisions of this Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Release Agreement are preserved to the fullest extent permitted by law.

**I Certify that I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING permission & RELEASE AGREEMENT and any accompanying attachments, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.**

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date of Signature

(**MUST** check one of the following)

 🞎 My Child is covered by hospitalization and medical insurance under policy number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 🞎 My Child is NOT covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for my child.

INCLUDE AND EXPLAIN any other information concerning allergies, illness, dietary restrictions, etc.:

I am available to chaperone on: Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_\_\_(Hershey Park, ends 11 pm).

Chaperone Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Yes, I have completed and received a certificate of Virtus training completion for the protection of children and youth.

\_\_\_\_\_ No, I will initiate Virtus training through www.virtus.org.

Dear **Parents & Teens**,

During these times of the novel coronavirus, we here at **St. Michael Poplar Springs** have been actively planning and working toward offering in-person ministries and activities. As permissible and consistent with applicable public health restrictions and guidance, we are continuing to resume some of our Parish ministries and programs. We also continue to remain committed whenever possible to offering our ministries and activities to those who cannot participate in person via remote offerings.

Although challenges created by the coronavirus continue to develop and change almost daily and much remains uncertain, we are certain of the following:

1. The health, safety, and welfare of every member of the Parish community is our highest priority.
2. The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization (WHO). Medical knowledge regarding COVID-19 continues to evolve, but COVID-19 is reported to be extremely contagious and is believed to spread through person-to-person contact and/or contact with contaminated surfaces and objects, possibly even in the air. While the exact methods for spread, contraction, and infection are better understood at this time, there is much unknown about the virus and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and/or death.
3. The measures we take to protect the community from COVID-19 will continue to be informed by the most up-to-date advice from federal, state, and local public health officials.
4. Even with the precautions and measures we implement, no one, including the Parish, can guarantee an environment without risk of the spread of COVID-19. It is simply not possible to do so. For more information about the nature of the virus, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
5. In addition, minimizing the risk of COVID-19 spread or spread of any other disease is a shared responsibility. All members of the Parish community, including your minor child participant in our ministries and/or programs, must do their part. In addition to basic hand hygiene (frequent washing and sanitizing) and respiratory etiquette (not coughing into one’s hand or in close proximity to others), this includes adhering to any measures that the Parish may deem appropriate, such as temperature checks, social distancing, wearing cloth face coverings, isolating or quarantining away from the Parish when required, and other precautionary measures. Your and your child’s compliance are necessary not only for your own safety and the safety of your minor child but also for the safety of others. Participants should not report to Parish programs or activities if they have a fever or are exhibiting symptoms of COVID-19. For more information about symptoms, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
6. If your child has any disability you think may require accommodations related to COVID-19 or if your child, because of underlying medical conditions, may be at increased risk, you should contact the Parish to discuss further. Please contact

 by calling or e-mailing .

1. If your minor child returns to the physical Parish campus, there is an inherent risk that your child could be exposed to and contract COVID-19. By allowing your child to enter the Parish campus, you indicate your acknowledgement of and agreement to accept and assume this risk on behalf of your minor child.

In the meantime, we encourage everyone to stay safe and pray for those affected by this worldwide pandemic. We kindly ask that you sign and date where provided to indicate your understanding and acknowledgement of the contents of this letter. In signing below, you merely acknowledge that you have received and reviewed this document and that you understand the inherent risks associated with COVID-19 while being present on the Parish campus.

Sincerely,

By my signature below, I acknowledge I have received the above warnings regarding the risks to my minor child of exposure to and contraction of COVID-19 while my minor child is present on Parish property and/or while participating in activities and ministries on the Parish property. I further acknowledge and agree that by allowing my minor child to be present on Parish property, I have assumed those risks on behalf of my child.

Name (printed) Signature Date

**Parent Acknowledgement and Agreement Regarding COVID-19 Protocols**

I the parent/guardian of will follow St. Michael Poplar Springs requirements for in-person attendance. This includes any activities and events as permitted in by the parish whether on or off of parish property.

1. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. I understand and agree that my child and I will comply with any other policies, procedures, guidelines, and rules that St. Michael Poplar Springs may deem appropriate to prevent the spread of COVID-19 at its facility.
2. I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the St. Michael Poplar Springs facility beyond the designated drop-off and pick-up area located at 1125 St. Michael’s Road, Mt Airy, MD 21771 (except for emergency situations as indicated below). I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone’s risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.
3. I understand that IF there is an emergency requiring me to enter the St. Michael Poplar Springs facility beyond the designated drop-off and pick-up area I MUST wash/sanitize my hands before entering and wear a mask at all times. While in the facility, I must practice social distancing and remain at least six (6) feet away from all other people, except for my own child.
4. I understand that in order to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the period of the scheduled program, any of the following symptoms appear my child will be separated away from the rest of the participants and people located in the facility. I will be contacted by St. Michael Poplar Springs staff as soon as possible, and my child MUST be picked up from the facility within thirty (30) minutes of being notified (or as soon as reasonably possible).

**Symptoms include: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher.**

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two (2) to seven (7) days after being infected, so please take them seriously.

1. I understand and agree that I am responsible for reporting to St. Michael Poplar Springs if my child, a family members with whom my child lives or I have been diagnosed with COVID-19, have symptoms of COVID-19, or otherwise have reason to believe they

or I have contracted COVID-19. I further understand and agree that any child or parent/guardian who wants to enter St. Michael Poplar Springs before completing a fourteen (14) day self-isolation period must present the designated administrator with a medical professional’s certification of good health that clears the individual for return. The medical certificate will be forwarded to Sally Amatucci, who will consult with St. Michael Poplar Springs administration regarding whether the individual is able to enter the facility prior to completion of the 14-day period.

1. I agree to wear a mask at all times while dropping off and picking up my child until notified otherwise by St. Michael Poplar Springs.
2. I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my own and my child’s exposure in the local community.
3. I will immediately notify St. Michael Poplar Springs administration if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
4. I acknowledge and agree that if my child is diagnosed with COVID-19, St. Michael Poplar Springs must notify the County Health Department and possibly the Maryland Department of Health.
5. I acknowledge and agree to notify the parish administration if my child is to travel to another State with a positivity rate of greater than 10%.

**I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by St. Michael Poplar Springs may result in termination of St. Michael Poplar Springs permitting my child to attend in- person program. I acknowledge that enrollment of my child(ren) may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.**

Child Name: Program:

Date of Birth:

Parent/Guardian Signature: Date:

Parent/Guardian Printed Name: Phone Number:

Guppy Gulch RELEASE AND WAIVER OF LIABILITY AGREEMENT

THE UNDERSIGNED understands and acknowledges that permission to enter Guppy Gulch (the “Premises”) is granted only after the written document is completed and signed. PLEASE READ THE DOCUMENT CAREFULLY.

PLEASE PRINT:

Name

Street Address / City / State / Zip

Email Address

In consideration for the permission granted to me to enter the Premises and utilize the same, I, the undersigned, for myself, my heirs, administrators, executors, successors and assigns, hereby release, remise and discharge Stephen Deem dba Guppy Gulch, its owners, employees, officers, directors, and agents, from all claims, demands, actions, causes of action of any sort, in law or equity, arising from any injury, including death, sustained by me or my property during my presence and/or participation in activities upon the premises, except to the extent attributable to any negligent act or omission, recklessness, or willful misconduct by Guppy Gulch, its owners, employees, agents, contractors, or subcontractors.

I ACKNOWLEDGE that the use of the Premises by me, the undersigned, for whatever permitted purposes is purely at my risk. I agree that there have been no warranties made to me expressed or implied. I represent that I am at least eighteen (18) years of age and agree that my attendance and participation in those activities is voluntary. Subject to the foregoing paragraph, the UNDERSIGNED intends by this Release to waive all claims for negligence, products liability, and/or breach of warranty against Guppy Gulch, including claims for personal injury to me or damage to my property. This Release shall cover and include all areas, activities and acts, rental and/or use of equipment, if applicable, within the premises, including but not limited to, all recreational endeavors, activity in the water, parking facilities, picnicking areas, land, showers, rest rooms, office and every other area, activity, or act in or about Guppy Gulch or connected with the same.

I INTEND AND AGREE that this Release and Waiver of Liability Agreement will be governed by Pennsylvania law and will be binding upon my estate, heirs, administrators, executors, successors and assigns, and legal personal representatives. I AGREE that any dispute relating to this Agreement will be resolved exclusively in the Courts of the Commonwealth of Pennsylvania.

I HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE AND BY AFFIXING MY SIGNATURE TO IT, SIGNIFY MY CLEAR INTENTION TO BE LEGALLY BOUND BY IT. THIS AGREEMENT, AS PUBLISHED SHALL NOT BE AMENDED OR MODIFIED OR ANY OF ITS PROVISIONS WAIVED, UNLESS IN WRITING AND SIGNED BY THE DULY AUTHORIZED REPRESENTATIVES OF BOTH PARTIES.

Date: Signature:

River & Trail Outfitters, Inc.

Participant Release of Liability and Assumption of Risk Agreement

**–** *Read Before Signing* **−**

Group Name:

Participant Name: Phone:

Email: Sign up to receive updates & exclusive promotions

In consideration of being allowed to participate in any way in the program, related events and activities, I, the under- signed, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I knowingly and freely assume all such risks,** both known and unknown, **even if arising from the negligence of the releasees or others**, and assume responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to the same.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release, indemnify, and hold harmless** River & Trail Outfitters, Inc., Eagle Aquatics, Camp Manidokan, City of Hagerstown, or any other affiliates, their officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (***releasees***), from any and all claims, demands, losses, and liability arising out of or related to any **injury, disability, or death** I may suffer, or loss or dam- age to person or property, **whether arising from the negligence of the releasees or otherwise,** to the fullest extent permitted by law.

# I have read this release of liability and assumption of risk agreement fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Street Address Emergency contact

City State Emergency Phone

X Participants’ signature Age weight Date

# For parents/guardians of participants of minor age (under 18 at time of registration):

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/ her release as provided above of all the Releasees, and, for myself, my heirs, assign, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child’s involvement or participation in these programs as provided above, *even if arising from the negligence of the releasees*, to the fullest extent permitted by law.

X Parent/Guardian signature Date