



APPLICATION FORM

*****PLEASE TYPE OR WRITE IN BLACK INK ONLY*****

NAME: _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARISH: _____ PARISH CITY _____

CURRENT GRADE LEVEL: _____ SCHOOL: _____

TELEPHONE: () _____ PLEASE CIRCLE: female male

PARENT/GUARDIAN'S NAME: _____

Have you applied to this camp in a previous year? PLEASE CIRCLE: Yes No

Parent's Email: _____ Applicant's Email: _____

THIS SECTION IS TO BE COMPLETED BY YOUTH APPLICANT

*Please complete the answers below in full. More detail is better as it helps us to know the applicant ahead of time
(Attach additional sheets if necessary.)*

Describe your involvement in school and community activities. Sports, clubs, organization, volunteer, etc.

Describe your involvement in Church activities – youth ministry, campus ministry, liturgical ministry, service, religious education, etc.

DIOCESE OF LANSING - YOUTH LEADERSHIP CAMP (DYLC)
APPLICATION FORM

Why would you like to attend the Diocesan Youth Leadership Camp? Be specific. What do you hope to gain from this experience?

What leadership skills do you hope to obtain from attending the Diocesan Youth Leadership Camp?

Have you ever had a retreat/encounter experience before? If so, please comment on it.

Application Requirements Checklist

- _____ **Application Form**
- _____ **Youth Minister/Pastor's Recommendation Form**
- _____ **Parent Permission/Medical Release Form**
- _____ **Covenant Form**
- _____ **T-Shirt Size (Please circle one size) S M L XL XXL**
If other, please specify size _____

**DIOCESE OF LANSING - YOUTH LEADERSHIP CAMP (DYLC)
YOUTH MINISTER/CAMPUS MINISTER/PASTOR
RECOMMENDATION FORM**

Confidential - This should only be seen by the Review Committee

APPLICANT'S NAME _____

YOUR NAME _____

PARISH CONTACT NAME _____
(If other than person filling out form)

POSITION _____ PHONE NUMBER _____

PARISH _____

****I am sending a total of _____ applications. This is my _____ priority.**

****If you are sending in more than one registration from your parish, please indicate above the order for which you wish the youth from your parish to be selected.**

Example: I am sending a total of 3 applications. This is my 1st priority.

Please fill out this recommendation form completely. This information is critical to this youth being accepted to DYLC. A parish representative must participate in the Parish Contact Day which is the Thursday of DYLC (June 25, 2020, 9 AM – 4 PM).

Why are you recommending this youth for Leadership Camp? (Be Specific)

Additional comments regarding the strengths of this applicant?

Do you have any concerns regarding this applicant?
If Yes, please specify.

(OVER)

YOUTH MINISTER/PASTOR RECOMMENDATION FORM

APPLICANT'S NAME _____

YOUR NAME _____

Used to help place participants in small groups

Please indicate by circling one of the three - This helps us in small group placement.

"Outgoing"

"Middle of the Road"

"Reserved"

Additional comments regarding this youth's ability to participate in small group experiences during the week of camp.

DIOCESAN YOUTH LEADERSHIP CAMP

PARTICIPANT'S COVENANT

I, _____, make this Covenant with the Diocese of Lansing and Diocesan Youth Leadership Camp as a servant leader at the 2020 Diocesan Youth Leadership Camp (DYLC). As part of my covenant, I have read and committed myself to the following:

- I commit myself to being mentally and physically prepared for a week of camp. The purpose of this camp is to learn.
- The safety of all participants at DYLC is of paramount concern. I commit to following all rules, regulations, and policies established by the leadership of both the Diocese of Lansing and the leaders of DYLC.
- If I am injured while participating at DYLC, I will notify an adult team member as soon as possible.
- I understand that all personal articles that I bring to DYLC are my individual responsibility. The Diocese of Lansing and DYLC are not responsible for replacing lost, stolen, or damaged property.
- I understand that all participants are required to attend and be on time to all sessions, prayers, activities, and meals.
- I understand that I represent my home parish, DYLC, The Diocese of Lansing, and Catholics in general, and that I will maintain an image honoring each of those organizations. Recognizing this I will:
 - Respect others' property.
 - Refrain from the use of alcoholic beverages and controlled substances (drugs) during DYLC. I will also refrain from smoking.
 - Show consideration and respect for others, particularly in being sensitive to them in manner of speech and dress, by maintaining an appropriate standard of personal hygiene, and acting as a group member.
 - Refrain from the use of profane language, including sexual innuendoes, and sexual jokes.
 - Resolve conflicts in a non-violent manner and refrain from bringing any type of weapon (including pocket knives).
 - Exercise environmental responsibility.
 - Act as a peer monitor by upholding the Covenant at all times.

Participant's Signature

Parent's/Guardian Signature

Participant's Name (please print)

Date

DIocese of Lansing - Youth Leadership Camp (DYLC 2019)

SCHOLARSHIP APPLICATION FORM

NAME _____ BIRTH DATE _____

ADDRESS _____ CITY _____ ZIP _____

PARISH _____ PARISH CITY _____

Current GRADE _____

TELEPHONE () _____ PLEASE CIRCLE: female male

PARENT/GUARDIAN'S NAME _____

This is an application form for a scholarship, which has been set-up for the purpose of assisting families in paying for youth to attend events, such as DYLC, when there is a financial concern.

Please complete and return with the rest of the application information.

Registration Fee:

Parish will pay \$ _____

Family will pay \$ _____

Scholarship needed \$ _____

Please give a brief explanation for the need of the scholarship:

Youth Minister Signature _____

Parent/Guardian Signature _____

HEALTH HISTORY AND MEDICAL RELEASE FORM

FOR PARISH PROGRAMS AND ACTIVITIES

Participant's Name _____ Sex _____ Birth Date _____ Age _____
Parent/Guardian _____ Relationship to participant _____
Street Address _____ City _____ State _____ Zip Code _____
Home Telephone () _____ Work Telephone () _____

HEALTH HISTORY

Family Doctor _____ Telephone Number () _____

IMMUNIZATIONS (Record YEAR of last immunization or last time person had disease):

Tetanus/Diphtheria _____	Measles _____	Mumps _____
Chicken Pox _____	Rubella _____	Polio _____
TB _____(results) _____	Hepatitis B _____	Other _____

SPECIAL INFORMATION: (Please check all that apply. Information will be held in strict confidence.)

Sleep Walking _____	Fainting _____	Dizziness _____
Blackouts _____	Asthma _____	Kidney Problems _____
Frequent Nosebleeds _____	Frequent Colds _____	Seizures _____
Severe Headaches _____	Diabetes _____	Severe Homesickness _____
Frequent Earaches _____		

ALLERGIC REACTIONS (Please list all known allergies - plant, insect, food, medicine AND TYPE OF REACTION):

Please indicate any other medical problems/situations pertinent to your child:

Any physical limitations? _____ If yes, explain _____

Any emotional/psychological limitations or reactions to be aware of? _____ If yes, explain:

Is the student presently taking any medication? _____ All medication is to be well labeled with clear, concise directions indicated here (frequently, dosage, etc.):

In an **EMERGENCY**, and if unable to reach parent/guardian, we should contact:

1. Name _____ Telephone Number () _____

2. Name _____ Telephone Number () _____

PLEASE FILL OUT BOTH SIDES

Note to parent/guardian: Please read the following sections carefully. We apologize for the complexity but we must be sure we have your full consent in these areas as well as, having this document notarized.

PERMISSION FOR ROUTINE MEDICAL TREATMENT

All attempts **will** be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with minor symptoms (i.e., headache, sore throat, low-grade fever, etc.). **YES** _____ **NO** _____

NOTE: If you do wish to be contacted and it is not a local call, the charges shall be reversed to you.

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and **sign only either A or B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.) except for the following _____ to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

* SIGNATURE _____ DATE _____

or

B) I do not want **ANY** type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

* SIGNATURE _____ DATE _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

*SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____

PARENT PERMISSION FORM FOR DIOCESAN YOUTH LEADERSHIP CAMP

Dear Parent or Guardian:

Your son/daughter is eligible to participate in a diocesan event. This activity will take place under the guidance and supervision of authorized personnel from _____ the Diocese of Lansing. A brief description of the activity follows:

Name of the Event: Diocesan Youth Leadership Camp

Destination: Bethany House, DeWitt, Michigan

Date of Departure: June 21, 2020

Date of Return: June 26, 2020

Designated Supervisor of Activity: Jeff Corder, DYLC 2020 Coordinator

Student Cost: \$380.00 by March 18, 2020 (\$400.00 by final deadline date of April 20, 2020).

\$50.00 deposit is non-refundable. No refunds after May 1, replacement only.

Emergency Phone Number: 810-820-5166 (Jeff Corder)

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. PLEASE BE ADVISED THAT YOUTH WILL NOT HAVE THEIR CELL PHONES DURING THE DAY. CAMP ADULT PERSONAL CAN BE CONTACTED 24 HOURS A DAY VIA CELL PHONE. Also, if the youth leave the premises for any reason, they will be sent home. Keep this section for your information.

PERMISSION FORM FOR DIOCESAN YOUTH LEADERSHIP CAMP

I hereby consent to participation by my son/daughter, _____ in the Diocesan Youth Leadership Camp from June 21-26, 2020. I understand the event described in the upper portion of this sheet, including all the details mentioned. I consent to my child(ren)'s participation. I understand that no event, including the one described above, is without risk of significant injury. Nevertheless, on behalf of myself and my child(ren), I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, parish, or any cleric, administrator, teacher, employee, volunteer, agent, chaperone, parent, or student, in connection with this event. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

_____ (print parent/guardian's name)

_____ (parent/guardian's signature)

_____ (date)

MEDICAL INFORMATION

My child is allergic to: _____

My child must take the following medication (indicate dosage, frequency, etc.):

Please note specific medical problems (use back if necessary): _____

In case of emergency notify (include phone number): _____

If the above person is unavailable notify: _____

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, or pepto-bismol); and routine nonsurgical medical care to be given to my child if deemed advisable by the supervising parish/school personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Signature _____ Date _____