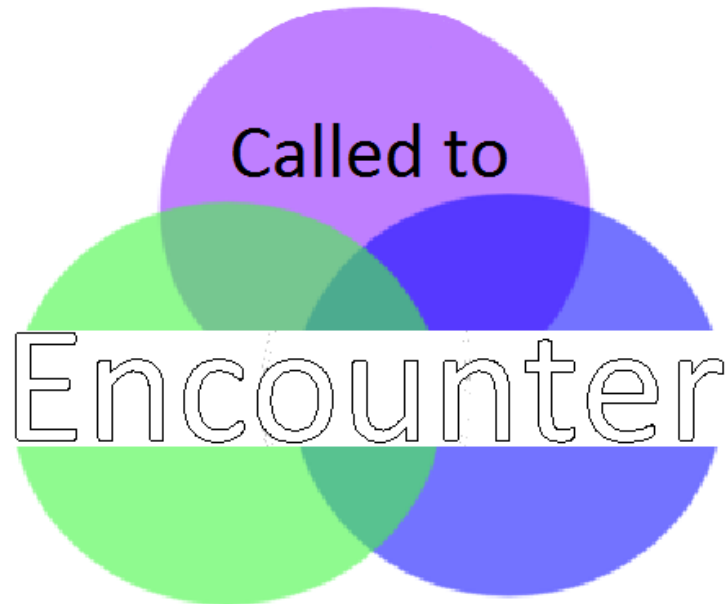


# 2017 Summer Service Camp

## July 30th - August 4th, 2017



Our Summer Service Camp gives each person the opportunity to take action. It is an opportunity to encounter another; to encounter each other and those we may not normally experience. We are Called to Encounter: that is we are called to go outside ourselves and walk in someone else's shoes to truly know them.

Such encounters, when we serve others, strengthened by God, can accomplish many things—from enveloping a child in a hug, to painting walls, hammering nails and planting flower beds. Our hands have incredible potential to bless, heal, and pray with our brothers and sisters near and far.

**Who will you encounter this Summer?**

Service Camp provides an opportunity to connect service, faith, and spiritual growth. While serving our fellow Children of God we must reflect on our own hearts as well, growing in grace and faith by what we are experiencing. The significance of what we do is more than social charity, it is the uniquely Christian act of encounter rooted in the spiritual and corporal works of mercy.

Service Camp goes beyond the familiar road of commercial society, taking us outside of our comfort zone so that we can spend a week in someone else's shoes. By working with people in various walks of life, we learn to recognize the commonality we all share. We realize that our lives are interconnected and that our stories have common threads. We hope that by our service and reflection we may better understand our own blessings, values, and responsibilities as children of God.

The 2017 Service Camp will begin Sunday afternoon, July 30th, at Notre Dame Retreat House. We will spend the nights at Notre Dame and each day we'll venture out in small groups to work on various projects. Each evening we will regroup to share our experiences, pray and reflect. We will finish on Friday afternoon, August 4th. The cost for this week is \$200. If money is a problem, scholarships are available, contact Andrew for more information, 394-1220 (ext. 41) or email [auttaro@dor.org](mailto:auttaro@dor.org).

Space is limited, so if you are interested you'll need to sign up soon!

Fill out the enclosed registration form and return it,  
along with a deposit of \$100, to Andrew Uttaro at the St Benedict Youth  
Ministry Office, 95 N Main St, Canandaigua, NY 14424

## 2017 Service Camp Registration

_____ <i>Participant's Name</i>	_____ <i>Date of Birth</i>	M	F
		<i>Sex</i>	
_____ <i>Parent/Guardian Name</i>	_____ <i>Parent/Guardian Name</i>		
( ) _____ <i>Primary Phone (home or cell)</i>	( ) _____ <i>Work Phone</i>	( ) _____ <i>Primary Phone (home or cell)</i>	( ) _____ <i>Work Phone</i>
_____ <i>Address</i>	_____ <i>Address</i>		
_____ <i>City, State, Zip Code</i>	_____ <i>City, State, Zip Code</i>		

### Alternative Emergency Contacts

_____ <i>Primary Emergency Contact</i>	_____ <i>Secondary Emergency Contact</i>
( ) _____ <i>Primary Phone (home or cell)</i>	( ) _____ <i>Primary Phone (home or cell)</i>
( ) _____ <i>Work Phone</i>	( ) _____ <i>Work Phone</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>City, State, Zip Code</i>	_____ <i>City, State, Zip Code</i>

### Medical Information

_____ <i>Physician's Name</i>	_____ <i>Phone Number</i>
_____ <i>Insurance Company</i>	_____ <i>Policy Number</i>

Is there anything about the volunteer's health that we should be aware of such as:

Diabetes       Fainting Trouble       Epilepsy       Heart Problems  
 Migraines       Bleeding Disorders       Asthma  
 Severe Allergic Reactions (Bee Sting/Food/other) \_\_\_\_\_ Will you have an Epi Pen?  Yes  No  
 Other health issues we should be made aware of \_\_\_\_\_

If any of the above is checked, please list how the person has been treated and with what medication(s):

Current Medications: (Name, Dosage, frequency and reason for medications) \_\_\_\_\_  
All medication must be in the original containers

*As parent and/ or legal guardian I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/ or hospital procedures as may be performed or prescribed by the attending physician and/ or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/ guardian can be reached in the case of emergency.*

_____ <i>Parent/Guardian Signature</i>	_____ <i>Date</i>
---	----------------------

## 2017 Service Camp Volunteer Contract

I am fully aware that the volunteer experience of the 2017 Service Camp will require me to make personal sacrifices of which I may not be accustomed. I agree to live this week in simplicity, doing without some of the conveniences to which I am accustomed. I will work and complete tasks to the best of my ability.

I realize that living and working together in a community setting will require me to display patience and respect toward all members of the group. I realize the importance of following the schedule of service, prayer and reflection. I will recognize and follow the guidance and instruction of the leaders. I am willing to comply with the requests of the leadership and be flexible with what is asked of me.

I am aware that the week will involve a focus on prayer and reflection. I am open to this experience and will actively participate to the degree which I am able. I further realize that I may be visiting areas where the culture and the customs may differ from my own. I will treat all people with respect.

I agree not to engage in activities involving drugs, alcohol, or sex while attending the 2017 Service Camp.

I dedicate myself to be an active participant in this week of service, prayer, simplicity, and community as an experience of Christian living.

As a participant in this program, I agree to abide by this covenant while a member of this week-long community. I understand that if I break this Covenant, my parents may be notified and I may be sent home.

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

Name (print) \_\_\_\_\_ Current School or Work \_\_\_\_\_  
Grade as of Aug 2017: 8 9 10 11 12 College: FR SO JR SR Adult \_\_\_\_\_

## Parent Release

I give my permission for my child to be part of the 2017 Summer Service Camp and understand and give my permission that during the week my child will be riding in cars to and from worksites. All vehicles will only be driven by adult chaperones during the week. I release St Benedict Parish, employees and volunteers from liability in case of an accident during activities related to the Summer Service Camp, as long as normal safety procedures have been taken.

In case of medical or other emergency, I designate Andrew Uttaro (or his delegate) to seek the appropriate attention. I certify that all information provided is correct and give permission for the release of medical records to the attending physician.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

I give permission for pictures to be taken of my son/daughter for informational/advertising purposes only for church programs  
Yes No

If it should become necessary, I hereby give permissions to the leaders of the Summer Service Camp to administer the following non-prescription medications:

Tylenol: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Ibuprofen: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Benadryl: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Sudafed: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Antacid: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Immodium: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Neosporin: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Hydrocortisone Cream: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

**After completing both sides of this registration form, please return it, along with a deposit of \$100 to:**  
**Andrew Uttaro**

**St Benedict Parish Youth Ministry Office**  
**95 N Main St, Canandaigua, NY 14424**

You will receive more information by mail after the registration form is received.