

**Catholic Heart Work Camp- St. Rita Application  
Prince Fredrick, MD July 10-16, 2011**

**Traveler's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Year in School:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Parents' Cell Phone (Dad):** \_\_\_\_\_ **(Mom):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parents' E-mail address:** \_\_\_\_\_

**Please write down any medical conditions, allergies, medications:** \_\_\_\_\_  
\_\_\_\_\_

**Why have you chosen to go on this trip?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In what type of service have you been involved?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application and Deposit of \$75.....ASAP.** Limited spaces available and price will increase slightly after Dec. 30, 2010

**Final balance of trip due ( \$315 – income from fundraisers).....May 15, 2011**

I give permission for my son/daughter to travel by mini-van with one of the adult leaders of St. Rita parish and to participate with in the **Catholic Heart Work Camp located in Prince Fredrick, MD during the week of July 10, 2011.** I understand and my child, by his/her signature below, agrees to abide by the rules and regulations of this event and the direction of the adults responsible. I assume all risks and responsibility in connection with this activity. I further release the Bishop of Cleveland, the Roman Catholic Diocese of Cleveland, St. Rita Parish and Pastoral Staff, Catholic Heart, and their employees and volunteers from all claims, judgments and liabilities for any injury or damage my child or his/her estate, myself or my spouse ever had or may have due to participation in this activity, including all risks whether foreseen or unforeseen. I fully understand what is involved in this activity, and that I have the opportunity to call Joanie Bova at 440-248-1350 x120 or a member of the Pastoral Staff to discuss this activity with them.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_