

St. Maron's Church MYC Bible Camp 2018

Exploring our Maronite Saints June 12, 13, 14, 15

St. Maron's Church Maronite Young Children organization (MYC) proudly presents Bible Camp 2018, in honor of our Maronite Saints.

This fun-filled 4 day Bible Camp will be held on June 12, 13, 14, and 15; Tuesday through Friday from 5:00 p.m. to 7:30 p.m in the St. Maron's Independence Parish Center.

The Summer Bible camp is for all children ages 4 (potty trained) to 12 years old. Parents will drop off their children in the parish center in Independence for our prayers and assembly.

Fun games, spiritual talks, fantastic crafts and snacks are offered during the 4 day camp. Parents are invited to join us on Friday, June 15th for a special closing mass followed by a barbecue.

To register, please fill out the attached form; mail, email, or drop in the collection basket by June 1st, 2018.

Camp Fee: \$20 per registered child.

Discounted rate of \$15 per child if more than 1 registered child per family.

For more information, please contact the church office at 216-520- 5081 or e-mail: saintmaroncleland@gmail.com,

or contact Rita Kanaan (camp advisor) at 216-773-9809

or e-mail MYC : stmaronclevmyc@gmail.com.

Please note that all electronic devices are prohibited during camp hours.

**St. Maron's Church
Bible Camp 2018 Registration**

Family Last Name:.....

Camper 1's Name:.....**Date of Birth:**.....

Medical conditions /allergies/special needs:.....

T-shirt Size: X-Small Small Medium Large

Camper 2's Name:.....**Date of Birth:**.....

Medical conditions /allergies/special needs:.....

T-shirt Size: X-Small Small Medium Large

Camper 3's Name:.....**Date of Birth:**.....

Medical conditions /allergies/special needs:.....

T-shirt Size: X-Small Small Medium Large

Mailing Address:.....

Home phone:.....

Email address:.....

Guardian's/Parents Name:.....

Home phone number:.....

Cell phone number:.....

In case of emergency, please list one person other than parents. (Parents will be notified first!)

Name:.....**Relationship to camper:**.....

Home Phone:.....**Cell phone:**.....

Authorization to pick up camper:

Please list the people who are authorized to pick up your child up from the camp

(*including yourself), if they are not on this list we will not release your child to them. They must be prepared to show proper identification.

Name :..... **Relationship to camper**.....

Name :..... **Relationship to camper**.....

Name :..... **Relationship to camper**.....

Name :..... **Relationship to camper**.....

May we take pictures of your child for Bible Camp purposes? Yes No

**St. Maron's Church
Bible Camp 2018 Medical release Form**

Purpose: To enable parents to authorize the emergency treatment for children who become ill or injured while under church authority when parents cannot be reached.

Doctor:.....Tel:.....
Dentist:.....Tel:.....
Local hospital:.....Tel:.....

Consent:

I hereby give consent for the following medical care providers and local hospital to be called: In the event reasonable attempts to contact me at (tel#).....or (other parent).....at(tel#)have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. (preferred doctor)or Dr. (preferred dentist)....., or in the event the designated preferred practitioner is not available , by another licensed physician or dentist : and (2)the transfer of the child to(preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment(s) to which a physician should be alerted:.....
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Date Signature of Parent or Guardian