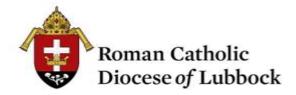
FIAT CAMP

August 8-10, 2018



(Registration Form---Please Print)

Name				
Address				
City	State		Zip Code	
Daytime Phone		Evening Phone		
Your E-mail A	ddress			
Age	Birth date	Year in so	chool	
Your Parish		Pastor		
The Cost of th	e camp is \$50.00 which in	cludes room and bo	oard, meals, 2 shirts, cap, snacks,	
and disco	ernment material. SCHO	LARSHIPS AVAL	IABLE UPON REQUEST.	
publications, w of the Diocese of written consent Office for Voca	of Lubbock. (Participants v .) Participants who do not v	ublished from time to would not be identificated wish to be photograph to that the Diocese of	to time by the Office for Vocations led, however, without specific phed or filmed should notify the of Lubbock has no control over the	
Signature (Pare	nt or guardian if under age	18)	Date	

Please return Registration Form, Health Form, and Parental Consent Form to:

Sister Olivia Rico

P.O. Box 98700

Lubbock, Texas 79499-8700

FIAT CAMP

August 8-10, 2018

(Health Form---Please Print)

Is your daughter in gen activities?	eral good health and	able to participate in all normal youth		
Yes No				
Please explain limitatio	ns			
Other information (inju	ıries, special needs, e	tc.)		
		Policy/Group Number		
Emergency Conta	act Information			
Full Name		Relationship		
Address				
City	State	Zip Code		
Home Phone	Other Numb	Other Number(s)		
Family Physician				
Physician's Phone				

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Parent/Guardian Consent Form

Parent/Guardian Name _				
Relationship to Participa	nt			
Home Address (if different from participant)				
Home Phone	Work	Cell		
I (name of parent/guardi	an)			
grant permission for (na	ne of participant)			
	•	fice for Vocations of the Roman Catholic ssembly Campground, Floydada, Texas from		
appropriate measures wi	ll be taken to minimize the	adult supervision and reasonable and risk of injury and/or accident. I understand the event involves the risk of injury.		
the program is conducted may be necessary for my provided by a staff mem member or adult volunte decisions to be made for In case of accident, injur	d, to secure all necessary end child during the entire even ber or adult volunteer. I refer from any liability, who is emergency care or medically or loss, neither my family	d/or adult volunteers under whose auspices mergency medical care and/or treatment that ent including necessary transportation, if lease and hold harmless any said staff in good faith is placed in a position requiring I treatment of the above-named young person, y nor I will hold the diocese, the parish, nor the event, responsible or liable.		
Parent/Guardian Signatu	re	Date		
	n for nonprescription medic etc.) to be given to my chi	cation (such as acetaminophen, ibuprofen, ld if deemed advisable.		
Parent/Guardian Signatu	re	Date		

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Personal items to bring to the camp:

- Sleeping bag or twin sheets, pillow and pillow case
- Small duffle bag to act as your storage
- Towel and wash cloth
- Bar of soap
- Shampoo, tooth brush, tooth paste, comb, deodorant
- Flip flops for shower area
- Casual clothing
- Undergarments
- Shoes for walking/hiking/sports
- Clothing for sports
- Swim suit
- Shorts
- Jeans (due to cactus near hiking trails)
- Sunglasses
- Camera if desired
- Your own prescribed, and/or over the counter meds, if you are taking any

NOTE

To allow young ladies to participate fully in the presentations, cell phone usage will be allowed only during outdoor activities.