



When: 3pm on Sunday May 21st
through 1pm on Thursday May 25th
Where: Camp St. John- Marywood
Retreat & Conference Center located
in
St. Johns, FL

2017
FAITH & SHARING
Application
Please send completed applications to:
Camp I Am Special Office
235 Marywood Drive
St. Johns, Florida 32259
Or email to campassistant@cbbjax.org
Completed applications are due on
April 24th

We must have an application for each participant AND team member. You can make copies of this blank form, to give to your friends.

****Please do not register more than 1 person on the same form. ****

Your Personal Information

Name of Participant _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Alternate Phone _____

Date of Birth _____ Age _____ Sex: Male Female

You will receive one shirt with your registration.

T shirt size _____ Would you like to buy an EXTRA shirt for a friend?
T Shirt size _____
(\$15.00 per shirt)-

Have you attended this retreat before? _____

The model of Faith & Sharing is to provide a Catholic Retreat for persons with disabilities, their family members, caregivers, and friends. It is strongly recommended that caregivers attend Faith & Sharing.

Will you be participating with somebody? _____ Yes _____ No

If yes, whom: _____ Relation to participant: _____

Please note whoever is participating with you **MUST Fill out a separate application.**

Parent/Guardian Information (if applicable)

Participant Resides With

Self and/or Spouse Mother Father Both Foster Parent Group Home Other

Spouse, Parent, Guardian, or Group Home Information:

Please print clearly:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____

Email Address: _____

Emergency Contact Information (Please list 2)

Name _____

Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Phone # _____

Phone # _____

Your Special Needs

Does the participant have any special medical or dietary needs? Yes No

If yes, what are they? _____

I understand I will need to provide any special food should my diet require this Yes No

Notes:

- Make sure you clearly label any food items you bring to Faith & Sharing.
- We will have a Fruit/ Yogurt bar for breakfast, a salad bar for Lunch and dinner.
- See the “Notes” page on the last page of this packet. This will include items you will need to bring.
- Please do not plan to arrive before 3:00pm on May 21st as Camp I Am Special is having a staff training.
- If you would like to invite your friends/ family to attend. Please make copies of this packet, download one from our website, or call our office at (904)230-7447. Website address: www.campiamspecial.org
- To download a form- Go to the website- Click Faith & Sharing on the wooden sign- download the forms to print.

Sleeping Arrangements

We strongly suggest that everyone stay at Camp St. John. If, however, the participant has special privacy needs, Marywood is approximately ¼ mile away from Camp St. John, where all the activities will take place. There is no assistance available at Marywood Retreat Center. You will need to provide your own transportation or find a ride to go back and forth to Camp St. John. **We are no longer able to lend out a golf cart.**

Please check the option that best suits this participant's needs:

Camp St. John

_____ \$270 per person Can you sleep in a top bunk bed? Yes _____ No _____

Marywood

This fee will cover renting a private room at Marywood and the Faith and Sharing cost for the week.

ROOMS FILL UP FAST SO SEND YOUR APPLICATION IN SOON!

_____ \$335.00 Single Occupancy
_____ \$425.00 Double Occupancy
_____ \$515.00 Triple Occupancy

The Marywood rooms have 1 full size bed and 1 twin bed. **Only 3 people to a room.**

Day Commuter

This fee will cover Faith and Sharing cost for the week.

_____ \$90.00

Disability, Impairment, or Condition (If Applicable)

*Please use the space provided to answer questions.
Please elaborate as much as possible, and feel free to use extra pages if necessary.*

_____ Participant's chronological age

Disability, Impairment, Challenge, or Condition (Please Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Prader/Willi Syndrome | <input type="checkbox"/> Emotional Disorder (Bipolar, Depression, etc.) |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Chromosome Abnormality (Explain) _____ | |
| <input type="checkbox"/> Developmental Delay, MR, EMH, TMH, PMH (Explain) _____ | |
| <input type="checkbox"/> Deaf/Hearing Impaired (Explain) _____ | |
| <input type="checkbox"/> Blind/Visually Impaired _____ | |
| <input type="checkbox"/> Other _____ | |

Medical Data –

A. General Information

Medical Diagnosis _____
Food Allergies _____
Drug Allergies _____
Other Allergies _____

B. Medications

Prescriptive Medications

1. _____ Dosage _____ Frequency/Time _____
2. _____ Dosage _____ Frequency/Time _____
3. _____ Dosage _____ Frequency/Time _____
4. _____ Dosage _____ Frequency/Time _____

Non-Prescriptive (over-the-counter) Medications:

1. _____ Dosage _____ Frequency/Time _____
2. _____ Dosage _____ Frequency/Time _____
3. _____ Dosage _____ Frequency/Time _____

Additional space if needed:

If you are staying in the dorm at Camp St. John all medications must be locked up in the medical cart. You will have access to your medication as a medical staff will stay onsite.

Should you need any non-prescriptive medication for sinus and allergy symptoms (i.e. Benadryl, Sudafed, etc.), Acetaminophen (Tylenol)-Ibuprofen (Advil, Motrin) or Pepto-Bismol for an upset stomach you will need to bring this medication with you. We will not provide these items.

Physician and Insurance Information

Physician's Name _____
Medical Group _____ Telephone Number _____
Insurance Company _____
Policy Number _____ Policy Holder _____

Signature

Date

**Catholic Charities /Diocese of St. Augustine
Ministry for Persons with Disabilities
Faith & Sharing 2017**

GENERAL RELEASE AND AFFIDAVIT

GENERAL RELEASE

For and in consideration of **(print name)**

_____ being permitted to participate in the FAITH AND SHARING RETREAT and associated programs, the undersigned self, or parent, guardian, or legal representative on behalf of the participant and the participant's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Catholic Charities/ DIOCESE OF ST. AUGUSTINE, Bishop Felipe Estevez and any of their employees, agents, or volunteers participating in the FAITH AND SHARING RETREAT and their personal representatives and assigns from any loss or damage on the account of any injury to the person or the personal property, or death of the participant while engaged as a participant in the FAITH AND SHARING RETREAT activities. This release further applies to any claim whatsoever on account of first aid, treatment or service rendered to the participant during the FAITH AND SHARING RETREAT activities. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida in that if any portion of the Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the participant and the participant's parents, personal representatives, assigns, heirs and next of kin.

Photo Consent: Permission is granted to photograph participant and to use, publish and release for publication such photos relating to our programs. The name of such person photographed may be used in connection with the above, with the understanding that there will be no exploitation and that any photographs used will conform to standards of good taste.

Signature of Self, Parent, Guardian or Legal Representative

GENERAL CONSENT

The undersigned, as self or parent and/or guardian of the above named, does hereby consent and grant permission for the said Participant to attend the FAITH AND SHARING RETREAT. I hereby further give my consent for the participant to take part in all activities including, but not limited to, athletic competition, crafts, swimming, fishing, music, etc.

I understand that the participant's stay at the FAITH AND SHARING RETREAT is conditional upon his/her adjustment to daily life and routine. If the retreat staff decides that the participant is not adjusting well to the community, the parent/guardian will be notified to take the participant home.

Signature of Self, Parent, Guardian or Legal Representative



Faith and Sharing 2017 Notes:

Almost here... Turn in your application by April 24th !

We are looking forward to seeing you on Sunday May 21st at 3:00pm at Camp St. John. Our address is 235 Marywood Drive- St, Johns, Fl 32259.

Check -In: 3:00pm - * Please do not come before 2:45 as our Camp Staff is having a training class. * **Please and Thank you!**

Check- Out: 1:00 on Thursday May 25th- We will have lunch after Mass and dismiss at 1:00pm.

If you have a Marywood room check in with Rebecca at Camp St. John, she will have all the room keys at 2:45pm on May 21st.

Please DO NOT go to the Kelly Center at Marywood for your keys.

Packing list:

If you stay at camp St. John :	If you stay at Marywood:
Towels and bed linens (twin or Twin XL) Blanket Don't forget your pillow!	Your favorite blanket and pillow! Extra towels or a swim towel. Anything to make you comfy!
Clothes - swim wear - shoes	Clothes - swim wear - shoes
Hygiene items	Hygiene items
Medication (must be turned into the nurse)	Medication (You keep medication in your room)
Any special food you may need	Any special food you may need

- You will receive one Faith & Sharing shirt on Sunday, A DVD of the week, A group photo, and a bag to hold all your goodies.
- We look forward to seeing you on Sunday May 21st. Call our camp office (904-230-7447) or email Rebecca at rleman@ccbjax.org should you have any questions. Angie, Andrew, or Rebecca will be glad to answer any of your questions.
- Have a blessed day and we will see you in May!