



2012 – Camper Information Sheet  
Please complete all forms by June 1 and return to:

Camp Legacy  
C/O Marywood Retreat Center  
235 Marywood Drive  
St. Johns, FL 32259

Camper's Name \_\_\_\_\_

Check one:            \_\_\_ Male            \_\_\_ Female

Camp Week:    \_\_\_ July 1-6, 2012            \_\_\_ July 8-13, 2012

Parish (if Catholic) or Faith Denomination \_\_\_\_\_

Have you attended Camp Legacy (formerly Camp Risk)? \_\_\_ Yes \_\_\_ No

Grade in School year 2012/13 \_\_\_\_\_            Birth date \_\_\_\_\_

Medications? \_\_\_\_\_

Allergies? \_\_\_\_\_

Anything else you want us to know about you?



2012

Dear Parents,

Campers love to receive letters & cards at camp. It is sometimes an easy way to make the camp experience even better. Try to remember when writing your letters to keep them very positive. It's a good idea to express a great interest in how excited you are to hear about all the fun your child is having at camp.

Each day (Monday through Friday) we have an afternoon mail call. We encourage all parents, grandparents and even siblings to secretly send cards, notes and letters for us to deliver each day. This little connection from home is very meaningful to the camper.

There are two ways to send these letters. You can bring all of them for the week to the check-in on Sunday night. Please label each one with the day of the week on which it is to be delivered, as well as with the first and last name of your camper. Alternatively, you can mail them the letters directly to camp at the address below. This mail will be delivered on the day it was received unless otherwise noted.

Your Child  
C/O Marywood – Camp Legacy  
235 Marywood Drive  
St. Johns, FL 32259

Please feel free to contact me with any questions or concerns. I am looking forward to this wonderful experience!

Blessings,  
Brandi Christovich, Director  
Camp Legacy at Marywood  
[camplegacy@comcast.net](mailto:camplegacy@comcast.net)  
(904) 434-2893



## What to Bring to Camp

- ✓ 6-7 sets of casual clothes, underwear, socks, etc
- ✓ Bath Towel & Washcloth
- ✓ Beach towel
- ✓ Bible
- ✓ Bug repellent
- ✓ Faith
- ✓ Flashlight
- ✓ Flip flops or sandals
- ✓ Hair brush and/or Comb
- ✓ Huge sense of Humor
- ✓ Journals (optional)
- ✓ Laundry Bag
- ✓ Light blanket or sleeping bag
- ✓ Modest one piece bathing suit
- ✓ Open Mind
- ✓ Pillow & Pillowcase
- ✓ Sheets for twin size bed
- ✓ Shower Shoes
- ✓ Soap, shampoo, deodorant
- ✓ Sun Glasses
- ✓ Sun Screen
- ✓ Tennis shoes/Sneakers
- ✓ Toothpaste & Toothbrush

## What NOT to Bring to Camp

- × Cell Phones
- × iPods/MP3 players
- × iTouch/iPad
- × Radios
- × CD Players
- × DVD Players
- × Laptops
- × Cameras
- × Video Games
- × Hand held video game players
- × Hair Dryers
- × Flat Irons/curling irons
- × Skateboards/scooters
- × Food, snacks or soda (bottled water is fine)
- × Money

**All Prescription and over the counter medication must be turned in and registered with the proper counselor.**



**Diocese of St. Augustine  
Parent Permission and Release of Liability  
Ministries and Agencies**

Name of Child: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Name of Diocesan Entity: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

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Please list any known allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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For and in consideration of the above child being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estévez, S.T.D., as Bishop of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, and the above named diocesan entity, all organizers of this program, all volunteers, chaperones, employees and agents of the said parties, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above program, any activities of the program, and while being transported to and from the program. The undersigned 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, and that if any portion of this 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 child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this program to obtain medical treatment for my child in the unlikely event of an injury or illness during this program and I agree to pay any expenses incurred for such treatment.

\_\_\_\_\_  
(Parent / Guardian / Representative Signature)

\_\_\_\_\_  
(Parent / Guardian / Representative Name)

\_\_\_\_\_  
(Date)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Witness Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Witness Name)

\_\_\_\_\_  
(Date)



**Diocese of St. Augustine**  
**Parent / Guardian Medical Release**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Diocesan Entity: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to the above named Diocesan entity's employees, volunteers, or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the above named Diocesan entity's representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and / or anesthesia and / or surgery for my child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I make the following exception: \_\_\_\_\_

My Child's Medications / Dosages: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Doctor: \_\_\_\_\_

Medical Problem or Condition (allergies, diabetes): \_\_\_\_\_

Condition: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian Date

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the above named Diocesan entity's volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to directions.

\_\_\_\_\_  
Signature of Parent / Guardian Date



**Diocese of Saint Augustine**  
*Child Photography Release Form*

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs taken of my child. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as the Catholic Diocese of Saint Augustine from all claims and liability relating to said photographs.

Child's Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_