

Where: Sacred Heart Apostolic School, 5901 N 500 E, Rolling Prairie, IN 46371 (20 minutes west of South Bend)



\$300
(\$250 for 2nd & 3rd boys from a family)

When: 5:15pm, June 13th to Noon Mass with families followed by 1pm lunch on June 13th, 2009 (Times are Central)



Who: Boys aged 10-15 who want an adventure and want to grow closer to Christ



Do you have what it takes to be a Cristero?



MissionNetwork

This camp is limited to 30 boys.

Contact : Br John Yep

PO Box 7 Rolling Prairie, IN 46371.

513-404-4540, jyep@legionaries.org

Please make checks payable to Conquest NA

A Conquest Leadership Camp

Affiliate of Mission Network www.MissionNetwork.com

Sponsored by Regnum Christi

Love Christ, Serve People, Build the Church.

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You Need to bring

For Mass: Dress shirt, sweater (suit jacket preferred), tie, shoes, socks, pants, and a belt.

Daily Wear: T-shirts, socks, underwear, shorts, pants, running shoes, sweater, & swimsuit (for showers)

Nightwear: Pajamas, sleeping bag, & pillow.

Toiletries: Soap, shampoo, toothbrush, toothpaste, sun screen, towel, & comb.

Do not bring: Camouflage clothing, iPods, cell phones, flashlights, other personal electronics, tools, personal food, and books other than the bible and a notebook.

**PERMISSION TO PARTICIPATE IN ACTIVITIES
MISSION NETWORK YOUNG MEN'S PROGRAMS, INC.**

1. **CHILD'S NAME:** _____ **CHILD'S BIRTHDATE:** _____
2. **NATURE AND DURATION OF ACTIVITIES:** Camp Cristero at Sacred Heart Apostolic School (5901 N500e, Rolling Prairie, IN, 46371) Includes: Mass, Talks, Dormitory Sleeping, Indoor and Outdoor Sports Competitions. Date: June 13 to 19, 2010
3. **ACTIVITY SUPERVISOR(S):** Fr Martin Connor, LC, Br John Yep, LC
4. **TRANSPORTATION:** A professional bus driver will be employed on a few days
5. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 9 below.
6. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his participation in the activities described on this form, and all provisions contained herein.
7. **AUTHORIZATION.** I/We hereby authorize Mission Network Young Men's Programs, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by Mission Network Young Men's Programs, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of Mission Network Young Men's Programs, Inc., or its successor in operation or affiliated organization(s) upon written consent of Mission Network Young Men's Programs, Inc. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.
8. **INSURANCE:** I/We understand that Mission Network Young Men's Programs, Inc. does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.
9. **EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: _____ Allergies / Medical Problems: _____

10. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

Parents/ Guardians Contact Information

Name: _____ Home Phone: _____ Alternate Phone: _____
Name: _____ Home Phone: _____ Alternate Phone: _____

Alternative Emergency Contact Information

(1) Name: _____ Relation: _____
Home Phone: _____ Alternate Phone: _____
(2) Name: _____ Relation: _____
Home Phone: _____ Alternate Phone: _____

11. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse Mission Network Young Men's Programs, Inc. and Consolidated Catholic Administrative Services, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by Mission Network Young Men's Programs, Inc. and Consolidated Catholic Administrative Services, Inc., or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

I/We have read and understand the above and agree to all terms and conditions contained therein. DATE: _____

Parent / Guardian Name

Parent / Guardian Signature

Parent / Guardian Name

Parent / Guardian Signature