

EXTREME CONQUEST SUMMER CAMP



CONQUEST

JUNE 7TH-13TH, 2010

BOYS AGES 10-12

BOCAMB FARMS, COVINGTON, LA

Join boys from around the state for an action packed week:

2 Day Trips including a Day at the Beach, Swimming,
Slip 'n Slide, Civil War, Sports, Human Stratego, Blitzkrieg,
Dodgeball, Night Games and Lots More...



**A WEEK
OF FUN THAT
YOU DO NOT
WANT TO MISS!**

Fundraising!

Inquire about our raffle ticket fundraiser to see how you can raise money for summer camp!

Mow your neighbor's yard, wash cars, rake leaves, do whatever it takes, but don't miss out!

FORGED IN VIRTUE. CALLED TO SERVE.

WWW.CONQUESTCLUBS.COM

EXTREME CONQUEST SUMMER CAMP



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A FUN FILLED & ACTION PACKED WEEK!



Early Registration Fee: \$415

Good only through May 14th

Registration Fee: \$465

Good from May 15 - June 1st

Deposit: A \$100 non-refundable deposit is due with registration form. Make all checks payable to Conquest, NA

Arrival: 5:30pm Sun., June 7th

Departure: 12noon Sat., June 13th



Bring: Swimming suits, towels, clothes that will get dirty from extreme games, sports shoes, dress clothes for Mass (Mega-points for best dressed, i.e. coat and tie... but pants and polo are adequate), sleeping bag, pillow, toiletry items, water bottle, flashlight

Leave at Home: All electronics (cell phone, iPod, etc), food, candy, pocket knives, etc

DIRECTIONS TO BOCAMB FARMS:

From Baton Rouge:

I-12 - East from Baton Rouge to Hwy 190 - Covington/Mandeville Exit. Go left toward Covington approximately 3 miles to Bogue Falaya Bridge, cross over and turn right at the 2nd light - Hwy 437. Go about 6 miles to flashing red light and turn left, you are still on 437. Bocamb Farms is 4 miles up the road on the left - 81495 Hwy 437, Covington, LA 70435 (about 1/2 mile after passing turn off for LA 40).

From New Orleans:

North on Hwy 190 (Causeway Blvd) for approximately 7 miles, go over Bogue Falaya Bridge and turn right at the 2nd light - Hwy 437. From here, follow directions same as above.



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Registration Form

Name: _____ Grade: _____ Birthday: _____

T-Shirt Size: YS YM YL Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Alternate Phone #: _____ Email: _____

Church Parish & Diocese: _____

Will dad be attending some of the camp? Yes No

If yes, what nights can he stay? M T W Th F Sa

Please note, dads will need to complete a volunteer registration and background check several weeks in advance. Their help is much appreciated!

Make checks payable to Conquest, NA and send registrations to Martha Lindley at:
385 Sioux Dr., Abita Springs, LA 70420. Questions:
Martha @ (985)867-9722 or mfl33184@yahoo.com
Beau Bennett @ (225) 326-2351 or bbennett@missionnetwork.com

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**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:** Extreme Conquest Summer Camp, June 7th - 13th
3. **ACTIVITY SUPERVISOR(S):** Fr. Richard Sutter, LC, Br. Zachary Dominguez, LC, Beau Bennett
4. **TRANSPORTATION:** Will not be provided to or from camp at the beginning or end of the camp. We will have a charter bus for all day trip outings.
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 Name

Parent / Guardian Signature

Parent / Guardian Signature

**ADDENDUM FOR: Bocamb Farm
Covington, Louisiana**

1. **CHILD'S NAME:** _____

2. **ACTIVITY:** Extreme Conquest Summer Camp

3. **DURATION OF ACTIVITIES:** June 7th – 13th, 2010

4. **ACTIVITY SUPERVISOR(S):** Fr. Richard Sutter, LC, Br. Zachary Dominguez, LC, Beau Bennett

5. **INSURANCE:** I/We understand that **Bocamb Farm** does not carry any insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is covered by insurance through my own insurance carrier.

6. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse **Bocamb Farm** 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 **Bocamb Farm** or any of its owners, 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 the 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 child's participation in the activities at **Bocamb Farm** referenced on this form.

I/We have read and understand the above.

DATE: _____

Parent/Guardian

Parent/Guardian