



Catholic Diocese of Richmond

# Summer Work Camp

## YOUTH Registration Form – Work Camp 2026

Please complete the registration form and return it to your parish contact for Work Camp.

### YOUTH INFORMATION

Name: \_\_\_\_\_ First Name for Name Badge: \_\_\_\_\_

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

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

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

Parish Name: \_\_\_\_\_ City: \_\_\_\_\_

Grade (2026-27): \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_ (Parent/Guardian #1) \_\_\_\_\_ (Parent/Guardian #2)

Cell Phone: \_\_\_\_\_ (Parent/Guardian #1) \_\_\_\_\_ (Parent/Guardian #2)

Email: \_\_\_\_\_ (Parent/Guardian #1) \_\_\_\_\_ (Parent/Guardian #2)

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

### YOUTH PARTICIPANT SKILLS AND EXPERIENCE

There is no need to be experienced with home improvement to be a youth participant at Work Camp. However, if you have any home improvement skills and experience please list below.

Have you attended a Work Camp or mission trip? Please explain below.



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## Medical Information and Release Form

All information is kept private and confidential.

Name of Participant: \_\_\_\_\_

### MEDICAL INFORMATION

In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. **BE AS SPECIFIC AS POSSIBLE.**

Does the participant have any dietary restrictions?

YES  NO

Select any restrictions that apply to this participant:

**Gluten-free**       **Peanut-free**  
 **Vegetarian**       **Dairy-free**

Is the participant allergic to anything?

YES  NO

List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances, etc.):

Is the participant currently taking or has taken any prescription medication in the last 6 months?

YES  NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any emotional, physical or sensory conditions?

YES  NO

List any **emotional conditions** that may impact participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.

List any **physical and/or sensory conditions** of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

Has the participant received a tetanus shot?

YES  NO

List the date of the last tetanus shot, if known:

### RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above-named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

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. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or videos of the above-named participant engaged in activities related to any diocesan event to be used in publications, social media, and/or websites of the Diocese of Richmond. If there is a concern with this policy, please contact the Office for Evangelization upon submitting registration.

YES  NO Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign, and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles while at Diocesan Work Camp:

### SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in opportunities to receive the Sacraments.
- ✓ Participate in the sessions, activities, and prayer experiences.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

### SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, and low cut tops are not permitted; shirts are to be worn at all times.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- ✓ If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

### SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No teenagers are allowed to drive directly to or from the event due to limited parking and liabilities.
- ✓ Under no circumstances can a youth be in the room or hall of a member of the opposite sex.
- ✓ Allow others to sleep. "Lights Out" means that it is time to go to sleep. Do not be in the showers or halls after "Lights Out".
- ✓ No outside or unregistered visitors at the event will be permitted.
- ✓ The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Don't bring food or drinks to the rooms and pick up trash if you see it.

### OTHER INFORMATION:

- ✓ Any damages caused by the participant will be charged to the participant.

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***I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the Diocesan Work Camp and participants will forfeit their registration fee.***

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

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

Printed Name: \_\_\_\_\_

Parish: \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_



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## Permission to Give Over-the-Counter Medications

If it should become necessary, I hereby give permissions to the Work Camp first aid staff to administer the following non-prescription medications to \_\_\_\_\_.

Tylenol	Yes <input type="radio"/>	No <input type="radio"/>	Other: <input type="radio"/>
Antacid (ex. Tums)	Yes <input type="radio"/>	No <input type="radio"/>	Other: <input type="radio"/>
Sudafed	Yes <input type="radio"/>	No <input type="radio"/>	Other: <input type="radio"/>
Benadryl (for allergies)	Yes <input type="radio"/>	No <input type="radio"/>	Other: <input type="radio"/>
Ibuprofen(ex: Advil)	Yes <input type="radio"/>	No <input type="radio"/>	Other: <input type="radio"/>
Antibiotic Ointment (Ex: Neosporin)	Yes <input type="radio"/>	No <input type="radio"/>	Other: <input type="radio"/>
Hydrocortisone Cream (Ex: Cortaid)	Yes <input type="radio"/>	No <input type="radio"/>	Other: <input type="radio"/>
Poison Ivy (ex. Calamine, Tecnu)	Yes <input type="radio"/>	No <input type="radio"/>	Other: <input type="radio"/>
Aspirin	Yes <input type="radio"/>	No <input type="radio"/>	Other: <input type="radio"/>

**My child will be bringing the following medications with him/her: (Please list the medication name and instructions for use.)**

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

Cell Phone Policy	
<i>I understand that my child will not be able to have a cell phone for the duration of the event and that it will be confiscated if my child is found with it.</i>	
Participant Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____