

Code of Conduct

This Code of Conduct, for all Vocation Camp participants, is one of Christian kindness, respect, hospitality and care. Our goal for each participant (camper/assistant) is to be a witness of Jesus' love and respect for all people, places and things. Each participant has the right to feel respected and safe.

This "Agreement" is to prevent harassment and violence of any kind. Any infraction of the rules may result in the camper's parents and/or guardians being notified to bring their child home immediately.

1. All camp participants **will not use or possess** alcoholic beverages and/or any illegal drugs or substances. Likewise, all participants **will not use or possess** any type of weapon or instrument that could be used as a weapon.
2. Participants are **required to follow the schedule and participate** in programs/activities unless exempted for medical reasons.
3. Participants and their parents/guardians **will be responsible for restitution** of any damages their child cause to properties utilized as part of the camp. This includes graffiti and/or the physical damage to the facilities and/or the property of others.
4. Participants **will not tamper** with smoke detectors, fire extinguishers, fire alarms or any other emergency equipment. The tampering of such items is a misdemeanor and is punishable by law.
5. Participants **will agree to abide by all rules established** by the Camp Director and Camp Assistants; including lights-out time, dorm quiet times and other such rules.
6. Harassment in any form **will not be tolerated**.
7. Participants **will agree to respect** the role of adult leaders in promoting and administering the above rules & regulations.

Disciplinary Procedure

- Complaint will be addressed by Camp Director and/or Camp Assistant(s).
- Camp Director, Camp Assistant(s) and Camper(s) will complete a Disciplinary Report Form.
- Camp Director and Camp Assistants will determine the appropriate consequences.
- Parent/Guardian will be notified as deemed appropriate.
- Proper consequences will take place as appropriate.

Photo Release

The Office of Vocations of the Diocese of Saint Cloud may use photographs from Camp for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I hereby release all Church staff and adult advisors from any and all claims, loss, cost, damage or expenses arising out of or from any accident or other occurrence causing injury to any person or property during this outing. Further, I authorize Fr. Ben Kociemba, or his duly authorized representative, to act on my behalf in a medical emergency if I am unable to do so.

I have read the above Code of Conduct, Disciplinary Procedure, AND agree to support and abide by it.

I agree that the Office of Vocations of the Diocese of Saint Cloud may use photographs from Camp for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Camper's Signature: _____

Parent's and/or Guardian's Signature: _____

Date: _____

OFFICE USE ONLY

Registration Form Rec'd _____ Check # _____ Cash _____ Date Rec'd ____/____/____



"BAND OF BROTHERS" CAMP

For Young Men Grades 7 – 10

Choose this day who you will serve; As for me and my house, we will serve the Lord! (Joshua 24:15)

Cost \$25 (non-refundable) Scholarships Available (Registration deadline is May 15, 2017)

Avon Area

June 19 – 21

Kim & Dan Mead Home
30486 Co Rd 9
Avon

Battle Lake Area

June 26 – 28

Oakwood Stock Farm
41441 County Highway 16
Battle Lake

Big Lake Area

July 10 – 12

Sand Dune State Forest
Lakeview Camp
16800 253rd Avenue NW
Big Lake



Diocese of Saint Cloud – Office of Vocations

Fr. Scott Pogatchnik, Director

Fr. Ben Kociemba, Associate Director

214 Third Avenue S, PO Box 1248, St. Cloud MN 56302

(320) 251-5001 • e-mail: vocations@gw.stcldio.org • www.stcloudvocations.org

CAMP DETAILS



What to bring: tent, sleeping bag, camp clothes, swimsuit, towel, rain gear, shampoo, deodorant, toothbrush, toothpaste, sunscreen, bible, rosary, journal and pen

(please label items, so owner can be found ☺)

FOR CAMP DIRECTIONS, ETC. GO TO www.stcloudvocations.org

“Ask Jesus what He wants from you and **BE BRAVE!**” -Pope Francis

Daily Schedule

- 8:30 Morning Prayer & Breakfast
- 9:30 First Presentation
- 9:45 Soccer
- 11:00 Vocation Story / breakout session
- 12:00 Angelus Prayer & Lunch
- 1:00 Ultimate Frisbee
- 2:00 First Presentation
- 2:30 Adoration & Confession
- 3:15 Games
- 4:30 Evening Prayer & Mass
- 5:30 Second Presentation
- 5:45 Grill the Priest: Q & A with Fr. Ben
- 6:00 Supper
- 6:45 Swimming & Fishing
- 8:30 Campfire & Rosary
- 9:00 Ice Cream!
- 10:00 Lights Out



NOTE: Families welcome to join for 12:15 Mass, potluck lunch follows on Wednesday.

Make check payable to Office of Vocations and mail to:
PO Box 1248, St Cloud MN 56302, **BEFORE May 15, 2017** Thank you!

If wishing to donate towards food and/or help with meals, please contact the Office of Vocations at (320) 251-5001. Thanks!

CAMP REGISTRATION 2017

(Please print clearly. One camper per form.)

Name of Camper: _____
 Parent or Guardian's Name: _____
 Address: _____ City: _____ Zip: _____
 Home Phone #: _____ Other Phone #: _____
 E-mail: _____
 Birthdate: _____ Grade (circle): 7 8 9 10 Age: _____
 Special Needs: _____
 T-shirt Size (circle): S M L XL XXL
 Location (please circle camp/s attending): Avon (June 19 – 21, 2017)
 Battle Lake (June 26 – 28, 2017)
 Big Lake (July 10 – 12, 2017)

Emergency Medical Authorization (Part I or Part II MUST BE COMPLETED!)

The purpose of this form is to enable parents and/or guardians to authorize the provision of emergency treatment for the above named camper who becomes ill or are injured during Camp when parents and/or guardians cannot be reached.

Part I – To Grant Consent

In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by

Name of Preferred Physician	Telephone #
Name of Preferred Dentist	Telephone #

or in the event the designated preferred practitioner is unavailable, by another licensed physician or dentist.

2. The transfer of the camper to _____ preferred hospital or any hospital reasonably accessible

This authorization **DOES NOT** cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

List campers' medical history (include allergies, medications being taken, any physical impairments etc.) to which a physician and camp personnel should be alerted to:

Part II – Refusal of Consent (Do not complete if you have completed Part I.)

I DO NOT give my consent for emergency medical treatment of my child and I wish the authorities to take no action. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to . . .
(Please explain what action you want camp personnel to take):

 Date Signature of Parent and/or Guardian

PLEASE DETACH HERE