



San Antonio Neighbors

2017 Youth Mission Camp

"Recognize that our neighbor is someone as worthy of God's love as I"

"Being Jesus" Rejoicing and Sharing God's Love with the World

John 3:16-18/2 Corinthians 13:11-13

Mission Statement

Building Relationships with God, Youth and our Neighbor

- Who: 150 teens are coming from all over San Antonio and Fredricksburg to participate in helping their neighbor by painting, cleaning and repairing homes in the 7th Council district on the west side of San Antonio
- When: June 11-16, 2017
- Where: Holy Rosary Catholic Church
- Why: For our youth to take part in a project of hope
Restoring One Home, One Family, and One Block at a Time

About San Antonio Neighbors Youth Mission Camp

This will be the 9th annual SAN Youth Mission Camp. Teens and their families. We partner with Youth Ministers and their church families from Holy Trinity, Holy Spirit, St Mary's of Fredericksburg, St Luke, St. Jerome and St Bridget Catholic Churches.

Together we go to one of the poorest neighborhoods in San Antonio and in our country. We help our elderly and handicapped neighbors by painting and cleaning up the outside of their homes. In most poor neighborhoods people rent their homes. However, in this neighborhood they usually own their homes and have worked their entire lives. Because of age or illness they can no longer afford to keep their homes painted. On average it costs us \$500.00 to fix the outside of a home. The labor is completely done by volunteers and the teens bring their own equipment to paint and clean. We buy the best paint at a low cost, so it will last. One year a contractor looked at the restoration we had completed on a home and he told us he could not have done it for less than \$4000.00.

Our young teens and adult chaperones are amazing and they work in the hottest weather with joyful hearts. This event is transformational for all who take part, from the neighbors we serve to our volunteers who put their faith into action through team work and serving others. People are amazed at what our young people can accomplish. We finish the week by cooling off at Schlitterbahn.

If you would like to take part in our Mission Trip by attending or by sponsoring a teen, or a home, give Jessica Lubianski a call at (210) 400 -5683.

2017 San Antonio Neighbors YOUTH WORKCAMP APPLICATION

Sunday, June 11 to Friday, June 16 / Schlitterbahn on Friday

June 10 Sunday- set up and June 16 Friday- Clean up if needed

Registration Cost \$100.00

PLEASE PRINT NEATLY

Church: St Jerome Catholic Church

Group Contact Leader: Jessica Lubianski

Youth Name _____ () Male () Female

Teen Email _____

Teen Mobile(_____ Provider for text _____

Date of Birth, _____ Age _____ Grade _____ (Fall of 2017) Shirt Size Adult S M L XL 2XL 3XL

Street Address (Home) -----

City-----State-----Zip Code _____

Dad (Guardian) _____ Mom (Guardian) -----

Home Phone(_____ HomePhone(_____ -----

Mobile _____ Provider _____ Mobile _____ Provider _____

Email _____ Email -----

Have you attended SAN before? iJNo DYes, number of years _____

WORK EXPERIENCE: Level 1 **no** experience, level 5 **very skilled**.

1 2 3 4 5

list areas in which you are skilled: _____

Comments to help us place you on a team: _____

Code of Behavior

The purpose of San Antonio Neighbors Youth camp is to provide the young Catholic Church and their adult leaders an opportunity to celebrate, serve, pray and play together. SANYC believes that Jesus is among us! In order to carry out this mission, we ask each youth and adult participant to read, sign and follow the Code of Behavior.

- I agree to respect the rights and property of others.
- I agree to respect SAN staff and adult leaders, even if these leaders are not from my parish.
- I will remove my hat; refrain from eating, drinking, and private discussions during Mass.
- I will participate in all planned activities, group sessions and work projects.
- I will follow all Safety and Worksite requirements
- I will use my phone respectfully and never during Mass or at Program
- I will respect the privacy of my fellow campers and not go into any other sleeping quarters, (guys or girls) which is not assigned to my group.
- I will go to my sleeping quarters to prepare for bed at 10:30 and observe the lights out at 11:00.
- I will be responsible for assisting our parish group with snacks and help keep snack area clean.
- I will not possess any alcohol, non-prescription drugs, fireworks, weapons or knives.
- I will act as a lady or gentleman and refrain from any sexual misconduct.
- I will not leave the school grounds, unless my adult leader grants permission.
- I will build new relationships with my team members, resident, agency leaders, others in the community and children I encounter during this service week.

YOUTH

I have read, understand and agree to follow the Code of Behavior outlined above I will also encourage other group members to live by these rules.

(Signed) _____ Date _____

ADULTS

We need young adult leaders and adult chaperones co'operation to assist SAN in making this service week successful. We need your support to help us enforce camp guidelines.

I have read, understand and agree to follow the Code of Behavior outlined above. I will also encourage other adult leaders to live by these rules.

(Signed) _____ Date _____

Church:

Please return to your camp Contact Leader. Leaders please bring to registration.

OFFICE OF YOUTH MINISTRY
ARCHDIOCESE OF SAN ANTONIO

PARENTALIGUARDIAN PERMISSION, RELEASE, AND LIABILITY WAIVER

PLEASE CAREFULLY READ ALL TERMS BELOW BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR AND YOUR CHILD'S LEGAL RIGHTS:

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: L_____) _____ Business Phone: L_____) _____ Cell Phone: L_____) _____

To Be Completed By Sponsor:

Activity (please insert description of the activity/event): SAN ANTONIO NEIGHBORS MISSION TRIP

Parish/School/Organization ("Sponsor"): St Jerome Youth Ministry

Destination: Holy Rosary church, San Antonio, Texas

Date(s) of Activity: June 11-16, 2017

Designated Supervisor of Activity: Jessica Lubianski

Method of Transportation: **Chaperone's Vehicle**

Date and Time of Departure: June 11, 2017 at 12:00 Date and Time of return : June 16, 2017 at 6:30pm

In consideration for Participant, a minor child, being permitted by Sponsor to participate in the Activity, which includes transportation to and from the Activity, I, being the undersigned and the parent/legal guardian of Participant, hereby acknowledge, consent, and agree as follows:

1. **Consent to Participate and to Transportation.** I hereby consent to Participant's participation in the Activity. I further consent to the transportation of Participant to and from the Activity by means of the method of transportation designated above.
2. **Knowledge of Risks.** I acknowledge and agree that I have been advised by Sponsor and that I understand that participation by Participant in the Activity and the transportation of Participant to and from the Activity may involve serious risks, including, without limitation, death, bodily injury, damage to personal property, and dangers resulting from injury or accident. Knowing the risks, dangers, and hazards involved in Participant's participation in and transportation to the Activity, I nevertheless voluntarily consent and agree to Participant's participation in and transportation to the Activity. I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY EXPRESSLY AND SPECIFICALLY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY RESULTING FROM OR ARISING OUT OF (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, **WHETHER CAUSED BY OR CONTRIBUTED BY** THE NEGLIGENCE OF THE SPONSOR, THE ARCHDIOCESE OF SAN ANTONIO (THE "ARCHDIOCESE"), OR ANY OF THEIR RESPECTIVE AFFILIATES, DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, SUCCESSORS AND ASSIGNS (COLLECTIVELY, THE "CHURCH PARTIES") OR OTHERWISE. (Initials), _____
3. **RELEASE AND WAIVER.** I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY, RELEASE, WAIVE, AND FOREVER DISCHARGE THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, COSTS, EXPENSES, AND DEMANDS OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, RESULTING OR

ARISING FROM PARTICIPANT'S PARTICIPATION IN OR SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY. I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY EXPRESSLY ACKNOWLEDGE AND AGREE THAT (I) THIS RELEASE DISCHARGES ALL OF THE CHURCH PARTIES FROM ANY AND ALL LIABILITY THAT PARTICIPANT AND I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, MAY HAVE AGAINST THE CHURCH PARTIES WITH RESPECT TO THE DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY THAT MAY RESULT FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY; AND (II) THIS RELEASE EXTENDS TO ALL ACTS OF NEGLIGENCE, WHETHER CAUSED BY OR CONTRIBUTED BY ANY OF THE CHURCH PARTIES OR OTHERWISE. (Initials),_____

4. INDEMNITY. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, UNCONDITIONALLY AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, DEMANDS,COSTS AND EXPENSES OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, (INCLUDING, WITHOUT LMITATION, COURT COSTS AND ATTORNEY'S FEES) INCURRED BY ANY OF THE CHURCH PARTIES RESULTING OR ARISING FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, THE DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY THAT MAY RESULT FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, WHETHER CAUSED BY OR CONTRIBUTED BY THE NEGLIGENCE OF ANY OF THE CHURCH PARTIES OR OTHERWISE. (Initials)_____
5. Medical Authorization. In the event of any injury or illness of Participant during the Activity, I hereby authorize and consent to the transportation of Participant to the nearest medical or dental facility, and, should the need arise, I hereby further authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment in the discretion of the attending physician or dentist. I understand that I am giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and I am providing this authorization to give authority and power to render any care which the medical provider and/or dental provider deems advisable. None of the foregoing medical or dental treatments shall be withheld if I cannot be reached prior to the administration of such medical and/or dental treatments. I hereby agree that I shall be solely responsible for the payment of any and all costs for such medical and/or dental treatment of Participant, and in no event shall any of the Church Parties be required to pay for any such costs or expenses. I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY, RELEASE, WAIVE, AND FOREVER DISCHARGE THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, COSTS, EXPENSES, AND DEMANDS OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, RESULTING OR ARISING FROM ANY SUCH MEDICAL OR DENTAL TREATMENT RENDERED TO PARTICIPANT. (Initials),_____
6. Photo/Video Consent and Release. I hereby authorize Sponsor and the Archdiocese to take photographs, recordings, and/or videos (whether electronic, digital, or otherwise) of Participant in connection with the Activity, and I hereby consent to the use, reproduction, and publication of such images by Sponsor and the Archdiocese in connection with the promotion and publicity of the activities of Sponsor and the Archdiocese, including, without limitation, publication of such images on Sponsor's website. I, individually and in my capacity as parent/legal guardian of Participant, hereby waive any right to inspect or approve the actual use by Sponsor or the Archdiocese of any such image of Participant. Such images of Participant shall be the sole property of Sponsor, and I, individually and in my capacity as parent/legal guardian of Participant, acknowledge and agree that neither I nor Participant shall be entitled to any compensation whatsoever should any such images of Participant be used by Sponsor or the Archdiocese. (Initials)_____
7. COVENANT NOT TO SUE. I HEREBY ACKNOWLEDGE AND AGREE THAT I, INDIVIDUALLY OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, WILL NOT INSTITUTE ANY SUIT OR ACTION AT LAW, OR OTHERWISE, AGAINST ANY OF THE CHURCH PARTIES OR INITIATE OR ASSIST IN THE PROSECUTION OF ANY CLAIM FOR DAMAGES, OR CAUSES OF ACTION, WHICH I, INDIVIDUALLY AND/OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, MAY HAVE BY REASON OF INJURY OR DEATH TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY RESULTING OR ARISING FROM PARTICIPANT'S PARTICIPATION IN THE ACTIVITY OR SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY. (Initials)_____

8. Severability. If any term, covenant, or condition of this Parental/Guardian Permission, Release, and Waiver of Liability (the "Agreement") is, to any extent, invalid, illegal, or unenforceable, I hereby agree that the remainder of this Agreement shall not be affected thereby, and shall, notwithstanding, remain binding, valid and enforceable to the fullest extent permitted by law.

I COVENANT, CERTIFY AND REPRESENT TO SPONSOR THAT I AM THE PARENT/LEGAL GUARDIAN OF PARTICIPANT AND THAT I HAVE FULL LEGAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF PARTICIPANT. I HAVE (I) FULLY READ THIS AGREEMENT, (II) FULLY UNDERSTAND ITS TERMS, AND (III) AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN. I UNDERSTAND THAT I, ON MY OWN BEHALF AND ON BEHALF OF PARTICIPANT, HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING THIS AGREEMENT. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME BY ANY OF THE CHURCH PARTIES. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE BY ME AND PARTICIPANT OF ALL LIABILITY AGAINST THE CHURCH PARTIES TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.

Signature of Participant's Parent/Legal Guardian

Date: _____

Printed Name of Participant's Parent/Legal Guardian

MEDICAL INFORMATION & EMERGENCY CONTACT

If you are unable to reach me, please contact:

Name: _____

Relationship to me or my son/daughter: _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell Phone: (____) _____

Please include a photocopy of your Insurance Card, front and back.

Insurance Carrier: _____ Policy Number: _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. I understand that aspirin will not be given to my son/daughter without my express permission: I grant such permission _____ Yes, _____ No.

My son/daughter is allergic to the following: _____

My son/daughter's immunizations are current and up to date _____ Yes, _____ No.

My son/daughter has the following limitations: _____

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. _____ Yes, _____ No. Please explain: _____

Parent/Guardian Name (PRINT) _____

Signature

Date