

Miles Christi
RELIGIOUS ORDER

Young Men's Summer Camp

For Young Men Ages 14-18

Santiago Retreat Center

27100 Baker Canyon Rd.
Silverado, CA 92676

Starts - Saturday, June 10, at 1:00 pm

Ends - Tuesday, June 13, at 1:00 pm

Daily Mass • Campfires • Hiking • Rosary
Spiritual Talks • Sports • Time for Recreation
Opportunity for Confessions

For more information please contact
Elena Di Ventra at ediventra@mileschristi.org
or Kim Stamm at (760) 473-9082

Cost: \$100

Miles Christi Religious Order • P.O. Box 910331 • San Diego, CA 92191
(858) 768-0872 • infowest@mileschristi.org • www.mileschristi.org

Full Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ T-shirt size _____ Age: _____

Email: _____

Registration Form

Please make checks payable to *Miles Christi*
Return registration and payment (\$100)
by Friday, June 2 to:

Miles Christi Religious Order
P.O. Box 910331
San Diego, CA 92191

Miles Christi

Religious Order

P.O. Box 910331
San Diego, CA 92191

April 2017

Dear Parents,

Miles Christi would like to invite your son to attend a *Summer Young Men's Camp*. This is a camp designed for young men ages 14-18 and is a great opportunity for your son to focus on his spiritual life along with his peers. The *Young Men's Camp* will include: Holy Mass, spiritual talks, and opportunity for Confession, as well as sports, recreation, and time for socializing.

The camp begins on Saturday, June 10, at 1:00pm and finishes on Tuesday, June 13, at 1:00 pm. It is being held at *The Santiago Retreat Center* in Silverado, CA. Driving directions are enclosed with this letter. The cost is \$100, which includes room and board. Please fill out the registration form (print or type) and mail it with the enclosed waivers and payment as soon as possible. Note that there are limited spaces for this camp. Therefore, if you cannot mail in the registration form, waiver and payment by June 1st, please call Kim Stamm at (760) 473-9082 or email Elena Di Ventra at ediventra@mileschristi.org to confirm your registration. If, regrettably, you have to cancel at the last minute, please let Kim or Elena know immediately.

Your son will need to bring a Bible or New Testament, clothing appropriate for the recreational activities at the camp, and all his personal items (toiletries, medicines, etc.). We request that the young men bring their own towel, sleeping bag, and pillow. Call Kim or Elena if your son has any physical disability or special dietary needs before registering.

In order to facilitate transportation to the *Santiago Retreat Center*, we will travel with vans departing on Saturday, June 10, at 10:30 am, from our *Miles Christi* house located at 16631 Valle Verde Rd., Poway, CA, 92064 and at 11:00 am from the park & ride lot located at intersection of I-15 and Hwy-76 (next to the Mobil gas station). We will be back at the park & ride lot and at the *Miles Christi* house on Tuesday, June 13 at 4:00 pm and 4:30 pm, respectively. You may drive your son to the *Santiago Retreat Center*, dropping him off on Saturday, June 10, at 1:00 pm and picking him up on Tuesday, June 13, at 1:00 pm. We ask you to please let Kim or Elena know about your preference in regards to transportation.

If you have any questions, please contact Elena Di Ventra at ediventra@mileschristi.org or Kim Stamm at (760) 473-9082. We hope that you will encourage your son to consider attending this event and to take advantage of this opportunity to grow in his faith!

May Our Lord and His most Blessed Mother bless you and keep you in their Hearts.

Yours truly,

The Priests of *Miles Christi*

Waiver of Liability and Agreement to Indemnify

Miles Christi is very happy your son will be attending this Young Men's Summer Camp! The intention of this retreat is to help the young men increase in their spiritual life and enjoy some recreation. Miles Christi has organized this retreat with the assurance that it will be a grace filled time. However, since many young men will participate in this retreat our insurance company requires that we ask you as a parent or legal guardian to sign this waiver form. Please know that the integrity, spiritual and physical health of all the young men attending is our first concern. We hope nothing happens, but in the unforeseen event that a difficulty occurs during the retreat, this form will be helpful to better attend to the matter quickly and promptly. Thank you!

PERSONAL CONDUCT: I understand *Miles Christi* has the authority to establish and apply rules of conduct necessary for the activities during the *Young Men's Summer Camp*. If a participant has disruptive behavior or breaks the established rules, the director of the program will have authority to inform the parent and correct the participant in an appropriate way, including removal if necessary.

INSURANCE COVERAGE: I understand that my son is required to have adequate health, accident, and hospitalization insurance in order to be covered during participation in the *Young Men's Summer Camp*, and I hereby affirm the same. I recognize and expect that no part of the program fee goes toward payment of such insurance (unless otherwise stated) and that *Miles Christi* has no obligation to provide such insurance.

MEDICAL TREATMENT: (PLEASE DESCRIBE ANY HEALTH, PHYSICAL, AND/OR PSYCHOLOGICAL PROBLEMS ON THE REVERSE OF THIS SHEET.) In the event of illness or injury to my son to such an extent that he requires immediate medical attention, I authorize any official representative of *Miles Christi* to secure medical treatment on my son's behalf, including surgery and the administration of an anesthetic—if any of these are urgent and are immediately necessary—and I accept all financial responsibility for such treatment. I understand that my son is required to bring any medications previously prescribed for his health to the trip. If his medical condition does not require urgent assistance, I understand the authorities of *Miles Christi* will inform me about the situation before obtaining medical treatment.

RELEASES AND INDEMNITY: I understand and hereby expressly acknowledge that the activities at the *Young Men's Summer Camp* (collectively referred to as the "Activities") might, under some circumstances about which I have been advised, or about which I reasonably should know, pose certain dangers, including, but not limited to, the risk of illness, sports injuries, other physical injury or accident. I hereby release, waive and discharge *Miles Christi*, and all of its officers, directors, agents, servants, employees, assigns and/or successors (collectively, "Representatives") from any and all liability, damage, loss or injury to my son's person or property or resulting in his death arising out of his participation in the *Young Men's Summer Camp*, including, without limitation, the Activities, whether such loss, damage, or injury is caused by the active or passive negligence of *Miles Christi* or any of its Representatives, or from some other cause. I hereby covenant not to sue *Miles Christi*, nor any of its Representatives, whether at law or in equity, or whether in contract or in tort, for any damages, costs, attorneys' fees or for any injunction or court order pertaining to or arising out of my son's participation in the *Young Men's Summer Camp*, including, without limitation, the Activities, whether any loss, damage, or injury is caused by the active or passive negligence of *Miles Christi*, or any of its Representatives, or from some other cause. In consideration of my son being permitted to participate in the *Young Men's Summer Camp*, I hereby agree to indemnify, defend and hold *Miles Christi*, and its Representatives, harmless from and against any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand, or cause of action, brought against *Miles Christi*, or its Representatives, jointly or individually, for bodily injury or property damage suffered as a result of my son's negligent, reckless or willful act or omission in the participation (or failure to participate) in the various activities during the *Young Men's Summer Camp*.

I agree that if any provision of this waiver is found invalid or unenforceable by a court of competent jurisdiction, that provision shall be amended to achieve as nearly as possible, consistent with applicable law, the maximum permissible effect as the original provision, and the remainder of this release shall remain in full force and effect.

ACTIVITY: YOUNG MEN'S SUMMER CAMP | DATES: JUNE 10-13, 2017

All of the following information will be kept confidential, unless required by a medical authority.

Participant's Name: _____ Birth Date: _____

Address: _____

Health Insurance Company: _____ Health Insurance Policy Number, Plan #, etc.: _____

Name of Person to be notified in case of emergency: _____

Relationship: _____ Home # _____ Work # _____ Cell # _____

Check applicable health conditions: Frequent Headaches: _____ High Blood Pressure: _____ Diabetes: _____ Heart Problems: _____ Asthma or

Respiratory Problems: _____ Fainting Spells: _____

Allergies (Please specify): _____

Medication(s) Used: _____

Describe/Explain Allergic Reaction(s) and Potential Side Effects of Medication(s): _____

Other Medical/Psychological Problems (Please explain): _____

To better help the chaperones, please describe any difficulties, medical or not, which your son may have (examples: fear of the dark, homesickness, anxiety, fear of new places, etc.): _____

Signature of Parent or Legal Guardian: _____ Date: _____

