

Young Men's Summer Camp

For Young Men Ages 14-18

Idyllwild Pines Camp

26375 St. Hwy 243

Idyllwild, CA 92549

Starts - Saturday, August 11, at 12:00 pm

Ends - Monday, August 13, at 2:00 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: _____ Carpool: Y N

Registration Form

Please make checks payable to *Miles Christi*
Return registration and payment (\$100) by
Friday, July 27 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

June 2018

Dear Parents,

Miles Christi would like to invite your son to attend a *Young Men's Summer 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 Summer 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, August 11, at 12:00 pm, and finishes on Monday, August 13, at 2:00 pm. It is being held at Idyllwild Pines Camp. 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 July 27, 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 Idyllwild Pines Camp, we will travel with vans departing on Saturday, August 11, at 9:30 am, from our Miles Christi house located at 16631 Valle Verde Rd., Poway, CA, 92064 and at 10:00 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 Monday, August 13 at 4:30 pm and 5:00 pm, respectively. You may drive your son to the Idyllwild Pines Camp, dropping him off on Saturday, August 11, at 12:00 pm and picking him up on Monday, August 13, at 2:00 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: August 11-13, 2018

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: _____



Participant Release of Liability Agreement

Name of Participant: (Print clearly) _____ Date: _____

Emergency Contact Name: _____ Phone Number: _____

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities, I, as the legal guardian for myself or on behalf of the minor participant, hereby represent, acknowledge and agree as follows:

Acknowledgement and Assumption of Risks:

It is acknowledged that there are certain risks and dangers in participating in activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting, based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

Release and Indemnity:

I hereby release, hold harmless and agree not to sue Idyllwild Pines, employees, representatives, volunteers, agents and contractors. With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County.

The participant, and the parent(s) or guardian of a minor participant, have each read this document and understand and voluntarily agree to its terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment.

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

Print Name _____

In the event of an emergency, if family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel.

Signature of Parent/Guardian or Participant _____ Print _____ Date _____

Photo and Video Release

I give Idyllwild Pines Camp permission for any photos or videos taken of myself/child for the duration of the stay to be used at Idyllwild Pines camp's discretion in any of their promotional venues.

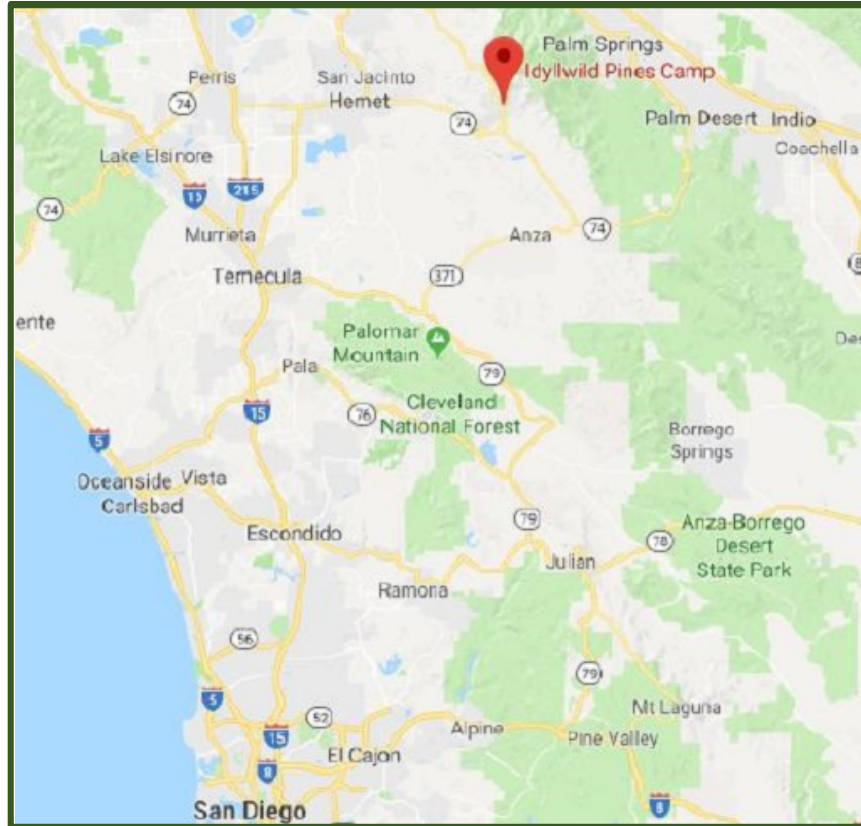
Signature of Parent/Guardian or Participant _____ Print _____ Date _____

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26375 STATE HWY 243 P.O. Box 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG

Idyllwild Pines Camp

26375 CA-243
Idyllwild, CA 92549
(951) 659-2605



From San Diego:

- Take I-15 NORTH to CA-79 SOUTH/Temecula Pkwy
- Turn RIGHT onto CA-79 S/Temecula Pkwy (signs for Warner Springs/Indio/Pechanga Indian Reservation)
- Turn LEFT onto CA-371 EAST
- Turn LEFT onto CA-74 WEST
- Slight RIGHT onto CA-243 NORTH