

Matthew 25 Registration

June 24-28, 2019

Cost: \$75 before May 1st

\$100 between May 1st and May 20th

Due Date to participate in the fundraiser: April 1st

Due Date to participate in Matthew 25 Work Camp: May 20th

Work Camp Information and Expectations

Matthew 25 Work Camp is made up of three components to make the experience a good one for every Work Camper:

1. Fundraising
2. Formation
3. Work Camp Week

This program could not function without these three key components. All three together make the Work Camp experience successful, Holy Spirit-filled and productive for supporters, participants and recipients of Work Camp. Each and every Work Camper is expected to participate fully in each of these areas of the program to ensure a great experience.

Fundraising for your Work Camp experience

We want everyone to be able to experience Work Camp. Fundraising events can eliminate the expense. Participation in the fundraiser provides the Work Camper the opportunity to get to know others that are participating in Work Camp. Funds generated from these events will go into individual Work Campers accounts. All are encouraged to raise more than necessary to help everyone afford the Work Camp experience. The success of our fundraising requires the participation from both the Work Campers and PARENTS. Fundraising also raises the awareness in the Work Camper that they are being supported by the community. It is important to feel supported by family, friends and the parish community and for those same groups to feel like they are helping out in this outreach.

Formation is essential to the success of Work Camp

Work Campers, youth and adult, are asked to participate in formation activities. Participation in formation sessions affords the work camper an opportunity: to get to know other work campers; to engage in positive community building experiences; and to connect Faith, Scripture, and Church Traditions to the work camp experience.

Here are the fundraising and formation dates that you need to put on your calendar:

- **Sunday, March 17th - Ice Cream Social, Formation meeting and flower packets handed out at Good Shepherd (12:00-1:30pm)**
- **March 17-May 5 Flower Sale (Pickup on May 18):** Work Campers sell flowers to their friends, family and neighbors to receive a portion of the sales toward their account. In addition to individual selling, we also ask that work campers help at Masses to sell to parish members on the dates below.
- **Apr 27/28 Sell flowers after all Masses (at Good Shepherd). Volunteers needed to speak at Masses.**

- **May 4/5 Sell flowers after all Masses (at Good Shepherd)**
- **May 5, flower orders due**
- **Saturday, May 18 6:15am-11:00am Flower Sale Pick-up (ALL work campers are expected to help)**
- **Saturday, June 22 4:30pm Commissioning Mass & hospitality**
- **June 24-28 Matthew 25 Local Work Camp**
- **Saturday, July 20 - 4:30pm Mass and 5:30pm Dinner Hospitality at Good Shepherd to thank the parish community and your friends and family who supported you. Invite them all to welcome us home, hear our stories, celebrate Mass and enjoy hospitality.**

The Matthew 25 Work Camp Week June 24-28

Work Campers meet at Good Shepherd at 8:00am Monday, Tuesday, Thursday and Friday. Drop off time is 12:00pm on Wednesday. We will travel in assigned Work Camp groups to assist in serving food, do yard or landscaping work, make/serve lunches, assist the elderly, paint and other service projects throughout Milwaukee and Waukesha Counties. Work Campers will interact with the people they serve. They will also learn a lot about themselves, what Jesus teaches in Matthew chapter 25 and how serving the poor, homeless and needy can make a difference in their lives as well as in the lives of the people they serve. Places we have gone in the past include: House of Peace, St. James the Gathering, Open Door Café, Luther Manor, Arboretum, St. Ben's, St. Michael's, Dismas Ministries, Repairers of the Breach, St. Francis, Agape Community Center and the list is growing each year. Work Campers will be ready to be picked up from camp at 4:30pm on Monday, Tuesday and Thursday; 8:30pm on Wednesday and 2pm on Friday.

It's a great week of fun, friendship, service and faith that has changed world views and the lives of those who have attended in the past.

Please call 262-345-3897 or email Corinna ramseyc@archmil.org if you have any questions.

Thank you for your Love of Christ through serving others!

Corinna

Director of Youth and Young Adult Ministries

Matthew 25 Local Work Camp 2019

PLEASE PRINT:

CHILD/WARD: _____ GRADE(April 2019): _____ GENDER: _____

PARISH: _____ -Or- I am a guest of _____

PARISH/SCHOOL: Good Shepherd, St. James and St. John Vianney

DESIGNATED SUPERVISORS OF ACTIVITY: Corinna Ramsey and Bryan Ramsey; Youth Ministers

PHONE: 262-345-3897; 262-253-2915

ACTIVITY: AS OUTLINED IN REGISTRATION ABOVE

DATES: June 24-28, 2019 TIME: varies by day

METHOD OF TRANSPORTATION: Bus and/or Cars from Good Shepherd Catholic Church, parents get their children to Good Shepherd and pick them each day

STUDENT COST: \$75 before May 1st, \$100 after May 1st (\$25 deposit with registration)

Please make checks payable to **Good Shepherd Catholic Church**

****NEW 2019****

_____ Yes, order me a M25 hat for an extra \$15 x _____ # of M25 hats needed = \$ _____ total additional charge

_____ No, I don't want a M25 hat

In consideration for my child/ward participation, I agree to reimburse and indemnify the churches/parishes for all reasonable legal and court fees incurred by the churches/parishes in defending a lawsuit that I or my child/ward may bring against the churches/parishes, which relates to the above named activity if the churches/parishes are found not legally liable by the courts and prevails in the lawsuit. If the churches/parishes are found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the churches/parishes to clarify any concerns or questions about the activity or this agreement that I may have.

As parent or guardian of the above named student, I give permission for my child to participate in the field trip described above:

Parent/Legal Guardian **Printed** Name

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Parent Email(s)

Youth Email

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Emergency Contact Name _____ Phone # _____

I/we agree that in case of injury or medical emergency, I understand that a reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give permission for the physician selected by the Good Shepherd employee or Good Shepherd's representative to hospitalize, to secure proper treatment for, and to order injection, anesthesia, medication, or surgery for my child.

Parent/Guardian's Signature _____ **Date** _____

Insurance Carrier _____ **Policy Number** _____

Name of Child's doctor _____ **Phone number** _____

Please list any health information that might be needed by our staff or health emergency personnel: allergies, chronic conditions, recent or current injuries, etc.

Other Medical Treatment: In the event that the child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, do you grant permission for supervisors to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid?
_____ Yes _____ No, I wish to be contacted first.

Medications: List all medication names, prescription and over-the-counter, that the student currently takes at home and during the school day so we know what they may have in their system on a normal camp day:

Please list all prescription medications **that we will have to administer during the camp day.** (Name, dose, route given and frequency):

Medical Provider Consent: Required only for **prescription medications** listed above.
I authorize Good Shepherd Catholic Church to give the above prescription medication(s) to this student.

Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. _____ Yes _____ No

Print Medical Provider Name: _____ **Phone:** _____

Medical Provider Signature: _____ **Date:** _____

Parent Consent for Medical treatment and administration of medication
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. I give Good Shepherd Catholic Church permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s).

Parent/Guardian Signature: _____ **Date:** _____

Inhaler/Epi-Pen Only: My child may or may not carry and self-administer.

Food Allergies? No Yes If so, what are you allergic to? _____

Photo & Video Release

I hereby give my permission to Good Shepherd Catholic Church for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Parent/Legal Guardian Signature: _____ **Date:** _____

SHIRT SIZE FOR PARTICIPANT (Adult Sizes): S M L XL OTHER _____

****Contact me, I would like to help chaperone for one or more days:**

Adult Chaperone Name: _____ Phone # _____

Email address if different than parent's: _____

Availability of chaperone: M T W Th F **T-shirt size of Chaperone:** _____

_____ I would like to be placed with my child's team _____ I would like to be placed in another team

\$25 Registration Fee for youth (Non-refundable) \$ _____

(Total cost of the week is \$75 before May 1st; \$100 after May 1st)

Plus additional cost of optional hat(s) \$ _____

Total paid with registration \$ _____

Please make checks payable to Good Shepherd Catholic Church

N88W17658 Christman Road, Menomonee Falls, WI 53051

(Office Use) Deposit Received: _____