



**ST. MARK**  
**HIGH SCHOOL WORKCAMP 2024**  
**Registration Form**  
**June 22 – June 28, 2024**

*Frederick County Middle School – Winchester, VA*

A non-refundable \$100 WC 2024 deposit is due with this form to reserve your spot.  
**ONLINE REGISTRATION** with the **DIOCESAN YOUTH OFFICE** is required for full registration.

**Office Use Only**

\$100 deposit	—
Check #	—
YM Reg. Form	—
Mulch Form	—
ONLINE REG.	—
FORMS	—

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(mm / dd /yyyy)

School: \_\_\_\_\_ Grade (2023-2024): \_\_\_\_\_

Participant email Address: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Daytime phone #s: \_\_\_\_\_

Parents' email address: \_\_\_\_\_

**T-Shirt Size:**  
**(Adult S M L XL)**  
*Please circle one*

Have you attended any previous **HIGH SCHOOL** Workcamp(s)? ☐ YES ☐ NO

If YES, when and where? \_\_\_\_\_

Is your family registered at **ST. MARK** Parish? (circle one) YES NO

Is/Are your teen(s) registered with St. Mark Youth Ministry? (circle one) YES NO (if no, please register)

**WORKCAMPER (HS Youth) Participant's COMMITMENT:** As a WorkCamp participant, I promise to accept the responsibility of fulfilling the WORKCAMP preparation process, including:

- **Meetings/Socials** - Attend all Workcamp meetings in their entirety; make an effort to attend any socials.
- **Fundraisers** – participate on the 3 Main Fundraising Events, and help as much as possible with all other fundraisers.
- **Workcamp Tool Training Day** – come, bring all items, and learn safety with tools
- **Personal Tool Kit** - bring all items listed - tools, supplies and equipment
- **Admin** - complete and submit all Registration materials and fees on or before the deadlines.
- **Online Registration** - with the *Diocesan Youth Office*, link coming soon in December 2023.
- **Mulch Fundraiser** – submit a completed & signed Mulch Permission/Liability Form

***Furthermore, I commit to participate fully in Workcamp and abide by the rules of conduct established by the Diocese of Arlington WorkCamp Office & Workcamp Adult Leaders. If I break any of the rules, I will accept the consequences, including possibly being sent home.***

\_\_\_\_\_  
**Signature of Youth Participant**

\_\_\_\_\_  
**Date**

**(CONTINUED ON OTHER SIDE)**

## PARENT'S COMMITMENT

As parent/legal guardian of the child-participant named above, I (we) hereby give my (our) permission for him or her to participate in WorkCamp as described here and as described in the **WorkCamp 2024** Registration Online Information. Furthermore, I (we) guarantee payment of the deposit (registration fee), and required financial contributions (contingent upon fundraising) by the published deadlines, otherwise *I agree to paying **late fees**\*, which will be added on to the FINAL payment.*

*If my son or daughter decides to drop out of WorkCamp **after the published Drop Dead Date – MARCH 1, 2024**, I agree to pay the Diocesan WorkCamp fee of **\$525** (minus deposit & fundraiser credits to date) to ST. MARK.*

I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above-described event.

**Informed Consent to Medical Treatment:** I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

**Photo, Press, Audio, and Electronic Media Release:** I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

\_\_\_\_\_  
**Signature of Parent(s) or Legal Guardian**

\_\_\_\_\_  
**Date**

*\*Late fees will be accessed to you if the Diocese charges St. Mark parish for any late/incomplete/missing paperwork-payment.*

## PARTICIPANT HEALTH INSURANCE INFORMATION

**High School Work Camp 2024 - June 22 – June 28, 2024**

**LOCATION: Frederick County MS in Winchester, Virginia;**

**CHILD'S NAME:** \_\_\_\_\_

**INSURANCE PROVIDER:** \_\_\_\_\_

**POLICY OR GROUP #:** \_\_\_\_\_

**CARD HOLDER'S SOCIAL SECURITY OR MEMBER #:** \_\_\_\_\_

### LIST ANY PERSONAL MEDICAL & PHYSICAL LIMITATIONS BELOW:

Please note: If you have any known allergies or need specific medication, please bring the appropriate medicine with you to camp. You are responsible for your own medication. **Parents:** If your child (under age 21) requires prescription medication, please notify the youth minister to discuss how the medication will be dispensed.

**EMERGENCY CONTACT NUMBER(S):** \_\_\_\_\_

**DATE OF LAST TETANUS SHOT:** \_\_\_\_\_