



EDGE



“To become aware of the possibility of a search is to be onto something. Not to be onto something is to be in despair.”

- *Walker Percy*

Searching or something more this summer? Join us on a journey as we look to grow our relationship with God, while taking breaks to serve our neighbor and have fun with great activities like karaoke, capture the flag, and a day trip to Adventureland!

PACKING LIST

- Closed-toed shoes that can get dirty
- A hat
- A water bottle
- Optional: A journal, rosary, or other prayer materials
- A good attitude and willingness to have fun



DATES:

June 19th - 21st

TIMES:

8:15 AM to 5:30 PM

COST:

\$130

(Assistance Available)

Registration

ends on 6/15

at noon!

To register,
please visit:
anchorames.com

Or scan the
code below!



Off-site/Field Trip Permission Form

School/Parish/Program Name Anchor YM

Date Event Approved by Supervisor 5/1/2018

Person in Charge: Zeke Mientkiewicz

Grades: 6th-8th

Event and Purpose: EDGE Summer Camp: To grow closer to God through fun, service and prayer.

Date(s) of Event: 6/19-21/18 Departure Time: 8:15 AM Time of Return: 5:30 PM

Cost of the Event: \$130 (Assistance available) Form of transportation: Volunteer drivers

If private passenger autos (volunteers) are specified, will you be able to drive?

Yes*, I will be able to drive and accommodate _____ students (a seat belt is required for each student and no child is to be seated in the front seat of a car equipped with a passenger side airbag, unless old enough according to manufacturer's recommended age.) *Drivers will be notified after all slips are returned.

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for

(student/participant) to attend this event.

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver*

and agree to the conditions as set forth.

Parent/Guardian Signature: _____

Date: _____

Contact Phone number(s) _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission

for nonprescription medication (i.e. ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____

Date: _____

Section 3 - Please list any medical information important for the adult in charge to know and/or any

changes in this child's medical condition or emergency contact information since the completion of the

Annual Parental/Guardian Consent Form and Liability Waiver.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for

additional information.

Please return this permission slip by 6/15/2018

Supervisor's Signature _____

(Principal, C/DRE, Youth Director, Pastor, etc.)

This is the only permission slip that will be accepted for this Event

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Please detach and save for your information/reference -----✂

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