



SKI CAMP

AGES 10-15

What to bring:

- **Mass:** Dress shirt, shoes, socks, pants, belt, real tie, & sweater (blazer suggested).
- **Daily Wear:** T-shirts, socks, underwear, shorts, pants, sneakers, sweater, & swimsuit (for showers), winter gloves, jacket, hat...

WARM CLOTHES!!!

- **Nightwear:** Pajamas, sleeping bag, & pillow.
- **Toiletries:** Soap, shampoo, toothbrush, toothpaste, sun screen (optional), towel, comb.

For registration, questions and discounts, please contact: (make checks payable to "Conquest NA")

Illinois:

Chris Fewkes
708-754-5591
jgfl13@sbcglobal.net

Wisconsin:

Tracy Arbanas
608-565-3155
arbanast@tds.net

Minnesota:

Staci Scherber
763-498-7878
jsscherb@familink.com



COST: \$85

WHEN: Drop off on Thursday, January 15th at 7pm.
Pick up on Monday, January 18th at 5:30pm.

WHERE: 432 Liguori Rd.
Edgerton, WI 53534

WHO: Boys 10-15. Dads are welcome for free!
Boys 15 and older are welcome to apply as counselors.

WHAT: Skiing on Monday!!!, Sports, fun, blitz, dodge ball, football, basketball, soccer and... everything while growing more in our love for Christ!

PERMISSION TO PARTICIPATE IN ACTIVITIES
CONQUEST NA, INC.

1. **CHILD'S NAME:** _____ **CHILD'S BIRTHDATE:** _____
2. **NATURE AND DURATION OF ACTIVITIES:** Conquest Ski Camp at Oaklawn Academy, Edgerton WI. January 15-18: Skiing, Sports, Leadership Training, Indoor & Outdoor Activities & Games, Mass.
3. **ACTIVITY SUPERVISOR(S):** Fr Jacob DuMont and Br. Juan Carlos, LC and other Brothers and Co-Workers as needed.
4. **TRANSPORTATION:** Not Applicable. Participants are responsible for securing their own transportation to and from activities, as the company does not provide transportation.
5. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 9 below.
6. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his participation in the activities described on this form, and all provisions contained herein.
7. **AUTHORIZATION.** I/We hereby authorize ConQuest NA, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by ConQuest NA, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of ConQuest NA, Inc., or its successor in operation or affiliated organization(s) upon written consent of ConQuest NA, Inc. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.
8. **INSURANCE:** I/We understand that ConQuest NA, Inc. does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.
9. **EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: _____ Allergies / Medical Problems: _____

10. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

Parents/ Guardians Contact Information E-mail 1: _____ E-mail 2: _____

Name: _____ Home Phone: _____ Alternate Phone: _____

Name: _____ Home Phone: _____ Alternate Phone: _____

Alternative Emergency Contact Information

(1) Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

(2) Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

11. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse ConQuest NA, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by ConQuest NA, Inc. or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form.

I/We have read and understand the above and agree to all terms and conditions contained therein. DATE: _____

Parent / Guardian Name

Parent / Guardian Name

Minor Rental Release Form

I hereby release Ski Enterprises of Wisconsin, Inc. and its employees from any liability for damage to any persons or property resulting from the use of equipment rented during the 2009-2010 ski season.

I understand the bindings furnished are the release type designed to reduce the risk of injuries from falling, and these bindings will not release under all circumstances and are no guarantee for my safety.

I understand that the ski binding is pre-adjusted to a specific weight and that I must give Devil's Head my correct weight and ability so that the proper binding selection can be made. I WILL NOT adjust the binding on my own. If difficulty occurs, I will return to the rental building for assistance. I agree to reimburse the ski shop for loss of any equipment and for breakage.

Signed _____

Date _____

I consent for _____ to ski and agree, as guardian, to the above conditions for said minor.

Guardian _____
**Parent or legal guardian must sign for any child under 18 years of age.

Group Name _____

Please Note: For any individual who will be skiing more than once during the season, this form will need to be signed only once and will be kept on file at Devil's Head.

**S6630 Bluff Road – Merrimac, WI 53561
Merrimac (608)493-2251**

**1-800-DEVILSX or 1-800-472-6670
Fax (608)493-2176**