



# Third Order Franciscans of Mary Immaculate

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## JMI SUMMER CAMP 2019 - Warsaw, ND

**NEW!**

**BOYS Ages 13-17: June 10-15 (older) start 9am Mass, end 10 am Mass**  
**BOYS Ages 10-12: June 15-18 (younger) start 10am Mass, end 10 am Mass**  
**GIRLS Ages 13-17: June 18-23 (older) start 10am Mass, end 3-4pm Holy Hour**  
**GIRLS Ages 10-12: June 23-26 (younger) start 3pm Holy Hour, end 3-4pm Holy Hour**

Dear Parents & Guardians,

Your child is invited to participate in the Franciscans of Mary Immaculate's annual J.M.I. Summer Camp. We have added separate Camp times for older and younger youth as seen above; we can accommodate up to 50 youth for in each group. As Franciscans who live the vow of poverty and rely totally on Divine Providence to live, we would kindly ask for a free-will donation to defray the costs of providing this camp.

Below is a packing list (p. 2) of what to bring and what not to bring. The two forms (permission and medical release pp. 3-4) need to be filled out and mailed or emailed to us at the above address. **We ask for the JMI Camp Application Form (p. 3 & 4 below) to be returned by June 3<sup>rd</sup> for Boys and June 11<sup>th</sup> for Girls to know a number count for planning.** Please discuss the program with your child, and explain to him/her the necessity of his/her cooperation to make this camp a beneficial and happy experience for all. Thank you very much, and we look forward to passing on the Catholic Faith to your son/daughter here at the J.M.I.—Youth for Mary Immaculate—Camp. May God's blessings be upon you!

In Jesus through Mary,  
Father Joseph Christensen, FMI



**PACKING LIST**  
JMI Summer Camp

- JMI Camp Application form filled out and mailed in or turned in **by June 3<sup>rd</sup>** for Boys and **by June 11<sup>th</sup>** for Girls for our planning purposes. **Only 50 spots available for each group;** please register early. Thank you!
- For class, chapel, and formal outings:
  - Boys need Dress Pants, Collared Shirts, and Dress Shoes.
  - Girls need Dress or Skirt, Dress Blouse/Shirt, Dress Shoes.
  - No jeans, shorts, etc. will be permitted at these times.
- Recreational clothing: jeans, gym shorts, swimsuit, etc.—MODEST PLEASE!
- Sleeping bag (best) or blanket, pillow; an army cot is provided by us for sleeping.
- Bath or beach towel, wash cloth.
- Necessary toiletries.
- No real need for spending money.
- Medications, if needed (ointments for sunburn, insect bites, etc.)
- Any pertinent information needed for camp directors [i.e., pertaining to medications, etc].
- Cell phones: **discouraged and only allowed for emergency use or grave necessity.**

NOTA BENE: To retain the peace and serenity of a holy atmosphere as well as to help ensure everyone's safety, please leave all CD/MP3 players, headphones, radios, portable video game systems, knives, etc. at home. Thank you!

\*Makes checks payable to: FMI **or** Franciscans of Mary Immaculate

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## JMI Camp Application Form

Fill out both pages of this form. All campers must have a completed medical form on file prior to participation in any camp activities.

Camper's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Parent(s) or Legal Guardian(s): \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

### PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

I hereby acknowledge that I am either the parent or legal guardian of: \_\_\_\_\_; and I give permission for my child to participate in the JMI Camp in Warsaw, ND under the direction of the Third Order Franciscans of Mary Immaculate and the director, Fr. Joseph Christensen, FMI. As a parent/legal guardian I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Third Order Franciscans of Mary Immaculate, its directors, staff, volunteers, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment, and I agree to compensate the Third Order Franciscans of Mary Immaculate, its directors, staff, volunteers, chaperons, or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

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(Parent/Legal Guardian Printed Full Name) (Signature of Parent/Legal Guardian) (Date) ← Must Sign

In the event that I am unavailable for purposes of providing parental/guardian consent, I hereby authorize the physician(s) and staff of any Medical Facility deemed necessary by staff to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to the participant while enrolled in the JMI Camp. Said medical treatment may be given without any further prior permission from the undersigned. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the camper's participation in the JMI Camp's program.

I understand the consent and authorization herein granted does not include major surgical procedures. I understand that I will be contacted in the event that my child is brought to the Hospital/Medical Center for surgical treatment.

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(Parent/Legal Guardian Printed Full Name) (Signature of Parent/Legal Guardian) (Date) ← Must Sign

### Camper's Insurance Information: Please include insurance card/pharmacy card **OR** PHOTOCOPY front/back

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number:(\_\_\_\_) \_\_\_\_\_

**PAST MEDICAL HISTORY:**

Does your child have any medical condition that we should be aware of, that affects camp participation? \_\_\_\_\_.

Please provide details if any condition: \_\_\_\_\_

\_\_\_\_\_

Any operations, illnesses, or injuries during the past year: \_\_\_\_\_

Other injuries, surgeries, or limitations: \_\_\_\_\_

Any allergic reactions to the following:

Bee Sting \*      Poison Oak \*      Penicillin \*      Sumac \*      Hay Fever \*      Poison Ivy \*

Other: \_\_\_\_\_

IF YOUR CHILD IS PRONE TO SEVERE REACTIONS, PLEASE BRING AN EPIPEN.

Non-Prescription Drugs: My child may be given non-prescription, over-the-counter medications as needed. Example: Tylenol, antihistamines, antacids, etc.

Yes       No, but exceptions would be:

\_\_\_\_\_

Any food allergies: \_\_\_\_\_

Does your child have gluten intolerance? \_\_\_\_\_ If so we ask that you bring food (not meat) for him/her; please call to arrange.

**\*\*PLEASE DO NOT SEND OVER THE COUNTER MEDICATIONS TO CAMP WITH YOUR CHILD\*\***

All prescription medications sent to camp must be in its original prescription packaging including type of medication, dosage and frequency. Parents may include a note for the condition being treated. For the safety of all the campers, medication will be kept and administered by our staff.

Medications your child will be bringing to camp: \_\_\_\_\_

**SECONDARY EMERGENCY CONTACT:**

If I am not available please contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

I hereby give my permission and consent to all aforementioned medical history and medication regarding my child.

\_\_\_\_\_ **← Must Sign**  
(parent/legal guardian signature) (date)

\*\*\*WE NEED PERMISSION to take your child(ren) to Northern Air Family Fun Center. Please go to [www.northernairffc.com](http://www.northernairffc.com), click on "sign a waiver" (upper right hand corner in red). Click "myself and children", fill out forms for yourself and your child(ren). Please email back at [fmi@fmifriars.com](mailto:fmi@fmifriars.com) a copy of the waiver so that your child(ren) may participate. \*\*\*