



JUNE 25 – JULY 1, 2011

CONNEAUTVILLE, PA

FOR MORE
INFORMATION
PLEASE CONTACT:

Rev. Stephen Young
revsty@gmavt.net
802-498-5908

All youth and alumni are welcome to attend the 25th Anniversary Celebration of Camp Miracle. What began in a cow pasture in rural Moretown, Vermont with 20 youth and a few tents over two decades ago has now become a growing camp experience nestled in Amish country south of Erie, PA.

Youth ages 13-18 from across the country and the world have been coming together and exploring not only the natural wilderness and beauty but also their own inner spiritual wilderness. The camp curriculum is a blend of recreational activities, interactive personal growth projects and challenging Christian fellowship that brings Jesus into the center of the turbulent adolescent years.

With the current state of affairs in our country and the world, today's youth need a miracle if they are to have hope and be able to live up to their full potential. Those who attended the first camp called it Camp Miracle because of all the amazing things that happened there and for 25 years the Lord has been faithful in revealing how real His love is, over and over again!

Camp Miracle 2011

Sponsored by the Community of the Crucified One

Registration Letter

May 23, 2011

Dear Young Adults and Parents,

This letter and the attachments contain the necessary information on Camp Miracle 2011 for those attending from Vermont. Camp Miracle is a Christian youth camp hosted in the countryside of Conneautville, Pennsylvania. The camp is focus on the teachings of Jesus, prayer and worship along with swimming, volleyball, soccer, skits, camp fires and other activities. It has provided and continues to provide youth with a fountain in faith, direction, purpose, and healing in Christ. The date for camp this year is below:

Camp Miracle (ages 13 to 18): Saturday, June 25 to Friday, July 1, 2011

We will depart from the Church at 6am on Saturday and return around 6pm on the following Saturday. The cost of camp including transportation to and from camp (van, tolls, gas) and the camp registration fee totals \$150. Food and separate housing for girls and boys are provided in the camp fee. If you are writing a check, please make it out to: Steve Young, however, cash is preferred as it can be directly applied to expenses. Please note that spending money is extra, this would be for items such as meals\snacks on the way down and back along with an outing. An additional \$50 is recommended for spending money and this should be given to the Young Adult attending.

Please review and complete the attached forms in their entirety. This will insure we have the proper information should we need it. I will be collecting forms and money ahead of time if you wish to submit them early.

Similar to past years, youth attending have been asked to wear modest and appropriate clothing, ruling out items such as bikinis and speedo bathing suits. Please see the attached Packing Checklist for a complete list of items to bring to camp.

If you have any questions on Camp Miracle, please don't hesitate to give me a call at (802)498-5908 or 496-5912. Hope to see you there.

In His Service,

Rev. Stephen Young

Camp Miracle 2011

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Packing Checklist

- Bible
- Notebook, paper, pen or pencil
- Clothes for 6 days
- One set of nice clothes for SUNDAY ANNIVERSARY DINNER.
- Pillow**
- Sleeping bag**
- Towels** - for showers and swimming
- Toiletries - soap, shampoo, tooth paste, tooth brush, deodorant, etc.
- Personal spending money - recommend amount is at least \$50.
 \$20 for an outing
 \$30 for spending money (snacks\meals on the way down\back)
- Swim Suit (please no bikinis or speedos)
- Sun screen and sun glasses
- Parents please note the following numbers should you need to get in contact with your youth during camp:

Fr. Steve's Cell (802) 498-5908

Attention All Youth and Parents

If there are health problems, diet restrictions or medicine requirements, please put them in writing and notify Fr. Stephen Young.

Youth Camp moderators need to be aware of any special needs or concerns.

**THE COMMUNITY OF THE CRUCIFIED ONE
CAMP MIRACLE 2011
REGISTRATION FORM**

CHILD'S NAME: _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____

CELL PHONE#: _____ EMAIL: _____

PARENT/GUARDIAN NAME: _____

ADDRESS (if different than above): _____

TELEPHONE: (Home): _____ (Work): _____

Cell Phone #: _____ EMAIL ADDRESS: _____

Name of relative, neighbor, we can contact if needed:

CONTACT NAME: _____ PHONE: _____

Informal Guardian Authorization - Consent for Treatment

In the event that my child _____ becomes ill or sustains an injury while in the care of THE COMMUNITY OF THE CRUCIFIED ONE, 104-110 E. 11th Avenue, Homestead, PA 15120 (PHONE: 412-462-9537), I, the undersigned, grant the authority to THE COMMUNITY OF THE CRUCIFIED ONE to act on my behalf in obtaining and consenting to any medical treatment that may be necessary, including, but not limited to: X-ray examination, anesthetic, medical, dental, or surgical diagnosis and treatment, hospital care, administration of drugs or medicine, under the supervisions and upon the advice of a duly licensed physician and/or surgeon. I understand that this consent will apply only to non-elective medical procedures and that a copy of this form is as valid as the original. However, the Community of the Crucified One, Inc. will not assume financial responsibility for medical treatment that may be necessary. The parent or legal guardian must be willing to accept financial responsibility for illness or injury at Camp Miracle.

This consent is to be effective from June 25, 2011 – July 1, 2011.

Child's medical condition (please write a brief description including present medications, allergies, last tetanus shot, and special health problems, if any).

FAMILY DOCTOR: _____ PHONE: _____

TYPE OF INSURANCE: _____ (800) #: _____

MEDICAL ID: _____ GROUP#: _____

DATE OF LAST TETANUS INJECTION: ____/____/____

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

THE COMMUNITY OF THE CRUCIFIED ONE
CAMP MIRACLE 2011
CONNEAUTVILLE, PA
814-587-3222

CHILD'S PARENTAL CONSENT FORM

I, _____, hereby give permission for The Community of the Crucified One to admit for treatment and care, my son/daughter:

(child's name) _____

Age: _____ Date of Birth: ____/____/____

Consent is given for items checked below:

- Emergency care
- Administration of prescription medication
- Field trips
- Transportation to field trips
- Transportation as provided by The Community of the Crucified One
- Swimming
- All Outdoor activities

SPECIAL PERMISSION:

My child may be given the following medication that I will provide. I will see that the nurse has the dosage and directions for administering the medication in my absence.

1.

2.

3.

My child does/does not have a tendency to swimmer's ear: ()Yes ()No

I have provided earplugs and medication for this problem: ()Yes ()No

List any dietary restrictions or allergies:
