

# St. Michael's Vacation Bible Camp

June 25<sup>th</sup> – June 29<sup>th</sup>, 2018

9:15am-12:15pm



Come to enjoy a fun-filled week exploring the Our Father prayer and meeting St. Joseph of Cupertino, a saint whose love for God was so deep that the power of the Holy Spirit literally lifted him up time and time again. Through songs, skits, prayer and crafts students will learn that God Listens, God Provides, God Forgives, God Guides and Priests Serve God.

**Registration Opens April 29<sup>th</sup>**

Registration forms will be available in the Faith Formation Office, the Parish Office or Online at [stmichaellivermore.com](http://stmichaellivermore.com)

**Who:** All Children, Grades Pre K\* - 6th Grade, are invited!

\*4 years old by 6.25.18

**Where:** St. Michael's Church & School - 458 Maple Street - Livermore, CA

**Cost:** \$45 first child, \$35 for additional, 4<sup>th</sup> child and beyond are free

**Invite Your Friends! All Are Welcome!**

On Friday, June 29<sup>th</sup>, we will conclude VBC with a family Mass at 12pm in the Church, followed by lunch at the Hall. Bring food and drink for your family. Dessert will be provided.

**Teens & Adults:** Want to share your faith with children, have summertime fun, and serve God and our community? Consider volunteering! We'd love to have you!

~ Onsite childcare will be available for volunteers with children under 4 ~

For questions or to volunteer, please contact:

Mary Dayton  
(Coordinator)

[maryfdayton@gmail.com](mailto:maryfdayton@gmail.com)

Amanda Arsenault

925.216.9394

[aarsenault448@gmail.com](mailto:aarsenault448@gmail.com)

Tricia Vieira

925.337.0705

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**St. Michael's Catholic Church  
2018 Vacation Bible Camp**

4-year-old to 6<sup>th</sup> Grade  
Registration form



**Participant's Information**

1. **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Grade** (as of 8/1/18): \_\_\_\_\_ **Shirt Size** (check one): Youth  XS  S  M  L  XL  
**Food Allergy?** \_\_\_\_\_ **Gender:**  M  F

2. **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Grade** (as of 8/1/18): \_\_\_\_\_ **Shirt Size** (check one): Youth  XS  S  M  L  XL  
**Food Allergy?** \_\_\_\_\_ **Gender:**  M  F

3. **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Grade** (as of 8/1/18): \_\_\_\_\_ **Shirt Size** (check one): Youth  XS  S  M  L  XL  
**Food Allergy?** \_\_\_\_\_ **Gender:**  M  F

4. **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Grade** (as of 8/1/18): \_\_\_\_\_ **Shirt Size** (check one): Youth  XS  S  M  L  XL  
**Food Allergy?** \_\_\_\_\_ **Gender:**  M  F

**Parent's Information**

<b>Mother's Name:</b>	<b>Home Phone#:</b>
<b>Mother's Address:</b>	<b>Work/cell Phone#:</b>
<b>Father's Name:</b>	<b>Home Phone#:</b>
<b>Father's Address:</b>	<b>Work/cell Phone#:</b>
<b>Email:</b>	

**Other Information**

<input type="checkbox"/> <b>YES!!!!</b> I would like to help with Vacation Bible Camp! I'd like to help with the following (please indicate 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> choice) _____ Games                      _____ Childcare _____ Decorations            _____ Provide Snack _____ Crafts                      _____ Clean-Up Crew _____ Teach                        _____ Other  Volunteers get a free t-shirt! Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Ladies <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Total fee enclosed: \$ _____ (\$45 for first child, \$35 for each additional, \$115 family max.) <p align="center"><b>Make checks payable to St. Michael Church and write in the memo-VBC</b></p> *Financial hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No (no one will be turned away for financial reasons. We will ask you to volunteer some time.)  *Number of family members attending Friday lunch (Dessert will be provided) _____
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Mail forms and payment to:  
**St. Michael Church-VBC**  
**458 Maple Street**  
**Livermore, CA 94550**

Or Drop off at the church office or faith formation

**Return your order form by June 1<sup>st</sup> and get a free VBC t-shirt!**

**Diocese of Oakland**  
**Office of Youth and Young Adult Ministry**  
**PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**  
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES  
18 years old and Younger

T-Shirt Size: \_\_\_\_\_

Child's Name (first and last) \_\_\_\_\_ Parish \_\_\_\_\_  
Address \_\_\_\_\_ Child Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Parent/Guardians Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell or other Number \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Medical Plan \_\_\_\_\_  
Plan Number \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician?  Yes  No

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_  
\_\_\_\_\_

Has your child had difficulty with the following (circle all that apply):

Asthma	Fainting Spells	Convulsions	Diabetes	Heart	Eyes	Ears	Nose
Throat	Lungs	Digestion	Menstrual Problems				
Other	_____						

List any physical restriction or restrictions for any activity on the basis of medical condition: \_\_\_\_\_  
\_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**(COMPLETE BACK OF FORM)**

## **Parental Permission and Acknowledgment of Conditions for Participating in Program**

1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in **St. Michael Church Vacation Bible Camp June 25-29, 2018**, and all related activities, including but not limited to transportation to and from this faith formation event.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from faith formation staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, faith formation program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in faith formation events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.

### **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in **St. Michael Church Vacation Bible Camp June 25-29, 2018**, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest an on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releases or otherwise.
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

### **Model Release Statement**

**I hereby (circle one) GRANT/ DECLINE** permission for my child(ren) named on this form to be photographed and/or videotaped during Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of **St. Michael Church Vacation Bible Camp June 25-29, 2018** (Name of Parish)

**I have read this Agreement and understand everything written above.**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Parent or Guardian**