

St. Michael's Catholic Church
2019 Vacation Bible Camp
 4-year-old to 6th Grade



Participant's Information

1. **Name:** _____ **Date of Birth:** _____
Grade (as of 8/1/19): _____ **Shirt Size** (check one): Youth XS S M L XL
Food Allergy? _____ **Gender:** M F

2. **Name:** _____ **Date of Birth:** _____
Grade (as of 8/1/19): _____ **Shirt Size** (check one): Youth XS S M L XL
Food Allergy? _____ **Gender:** M F

3. **Name:** _____ **Date of Birth:** _____
Grade (as of 8/1/19): _____ **Shirt Size** (check one): Youth XS S M L XL
Food Allergy? _____ **Gender:** M F

4. **Name:** _____ **Date of Birth:** _____
Grade (as of 8/1/19): _____ **Shirt Size** (check one): Youth XS S M L XL
Food Allergy? _____ **Gender:** M F

Parent's Information

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

Other Information

YES!!!! I would like to help with VBC! I'd like to help with the following (please indicate 1st, 2nd, and 3rd choice)

_____ Games	_____ Childcare
_____ Decorations	_____ Provide Snack
_____ Crafts	_____ Clean-Up Crew on Fri
_____ Teach	_____ Other

Volunteers get a free t-shirt!
 Adult XS S M L XL
 Ladies XS S M L XL

Total fee enclosed: \$ _____
 (\$45 for 1 child, \$80 for 2 children, \$115 for 3 or more children)

**Make checks payable to St. Michael Church;
 memo-VBC**

*Financial hardship? Yes No
 (no one will be turned away for financial reasons. We will ask you to volunteer some time.)

*Additional Donation for Scholarship for families in need: \$ _____

*Number of family members attending Friday lunch (Pizza & Water will be provided) _____

Mail forms and payment to:

St. Michael Church
Attention: Faith Formation Office
458 Maple Street
Livermore, CA 94550

OR

Drop off at the Church Office or the Faith Formation Office

CONTACT INFORMATION: vbc@stmichaellivermore.com

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 _____

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 24-28, 2019**, 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 24-28, 2019**, 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 24-28, 2019** (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