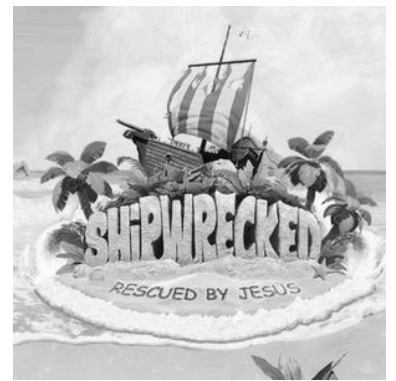


HOLY TRINITY CATHOLIC CHURCH  
Vacation Bible School  
July 16<sup>th</sup> -20<sup>th</sup> 9am -12pm  
Participant Packet



**Register your kids now for this unforgettable expedition filled with music, bible stories, games, crafts, food and fun!!!!**

***A LIMITED NUMBER OF SPOTS ARE AVAILABLE, SO MAKE SURE TO TURN YOUR FORMS IN ASAP!!!***

**Who can participate?**

- Children who will be entering Kindergarten (age 5 and up by September 1st, 2018) – 5<sup>th</sup> grade in Fall 2018, will rotate through stations each day with a Crew Leader and Jr. Crew Leader as their guides.
- Young people entering grades 6<sup>th</sup> – 12<sup>th</sup> can sign up to volunteer for the week as Station Helpers, Crew Leaders, and Jr. Crew Leaders. There is a separate form for these volunteers – **please DO NOT fill out this form, register with the “Volunteer Registration Packet.”**
- Adult helpers are also welcome to participate! If you would like to volunteer to serve for the week, please register with the “Volunteer Registration Packet” Adult volunteers who work the entire week pay only \$25 per child for registration!

**What is the cost?**

- The cost for VBS is \$100 per child for the week.
- If you are a full-time adult volunteer (**full-time indicates that you work the entire week: Monday – Friday, from 8:30am – 12:30pm**) the cost is only \$25 per child.

**How do I register?**

- Please fill out the attached 2 forms (Participant Information Form & Permission Form) along with payment via check, credit card, or cash and return to the Parish Office. *Sorry we do not accept email, faxed, or mailed copies.* Spots will be filled on a first come – first served basis!
- Email confirmation of enrollment will be sent out by 6/1/2018

For more information, contact Erin Watson – [vbs@holyltrinityladera.org](mailto:vbs@holyltrinityladera.org)

## Participant Information:

FULL NAME	GENDER (M or F)	AGE	GRADE: (FALL 2018)	T-SHIRT SIZE (Child S, CM, CL, Adult S)

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Family E-mail: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Will anyone else be picking your child up? Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Insurance Carrier Name & Policy # \_\_\_\_\_

Additional Comments \_\_\_\_\_

Please include payment in the amount of \$100 per child by credit card, cash, or check, made payable to HOLY TRINITY CATHOLIC CHURCH with VBS 2018 written in the memo line. If you'd like to sponsor a child to attend VBS, please include an additional \$100 with your payment, thanks!

## **“Shipwrecked” Holy Trinity VBS 2018 - PERMISSION form**

I, the parent (guardian) of \_\_\_\_\_ hereby give my permission for her/his/their participation in Vacation Bible School from July 16 – July 20, 2018 at Holy Trinity Catholic Church. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to, The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities or individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental costs shall be made to insurance or any available benefit plans of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby, authorize the making of photographs, motion pictures, video tapes, or other recordings memorializing said event and my child’s participation therein, and the publication and duplication or other use thereof. I, hereby, waive any rights to compensation or any right that I otherwise might have to limit or to control such making or use.

I, hereby, give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

Parent Name (please print)