

**VBS Our Lady of Grace CAMPER'S REGISTRATION FORM – SHIPWRECKED 2018
PLEASE COMPLETE ALL 3 PAGES OF THIS FORM (One form per family)**

CAMPER'S INFORMATION

(Please print clearly AND use the name your child likes to go by)

1st Child's Name: _____ Date of Birth: _____
Grade in FALL 2018: _____ Gender: () Male () Female
Shirt Size: Youth () S () M () L
Adult () S () M () L () XL

2nd Child's Name: _____ Date of Birth: _____
Grade in FALL 2018: _____ Gender: () Male () Female
Shirt Size: Youth () S () M () L
Adult () S () M () L () XL

3rd Child's Name: _____ Date of Birth: _____
Grade in FALL 2018: _____ Gender: () Male () Female
Shirt Size: Youth () S () M () L
Adult () S () M () L () XL

VBS July 23-27

9:00 AM -12 NOON

PARENT'S/GUARDIAN'S INFORMATION

Mother's Name: _____ Cell Phone #: _____

Father's Name: _____ Cell Phone #: _____

Address: _____

Family Email Address: _____

OTHER INFORMATION

() YES! I would like to volunteer FULL TIME. I'd like to help with: (Please indicate 1st, 2nd and 3rd choices)

___ Games ___ Mission/Service Project
___ Crafts ___ Kitchen Help
___ Decorations ___ Photography
___ Bible Stories ___ I'm flexible

ADULT VOLUNTEER SHIRT SIZES: () S () M () L () XL () XXL

() NO. I'm sorry, I can't help with VBS.

Are you a Registered Parishioner? () Yes () No
If NOT, which Parish do you belong to?

Total fee enclosed: \$ _____
(\$ 60 per child or \$100/family)
Space is limited.

Additional \$15/family late fee applies after June 15th

Make checks payable to: Our Lady of Grace or pay by credit card in person. (Visa/MasterCard)

FF Office is open Monday-Thursday 9:30 AM - 5:00 PM

PHOTO WAIVER

() YES, you may put pictures of my child(ren) on Our Lady of Grace website, Friday slide show, bulletin
() NO, You may not put pictures of my child(ren) on Our Lady of Grace website, Friday slide show, bulletin

Parent's Signature: _____

FOR OFFICE USE ONLY DATE RECEIVED: _____ PAYMENT: \$ _____ METHOD: _____ MEDICAL FORM: _____

Vacation Bible School 2018
Our Lady of Grace Church, Diocese of Oakland Castro Valley, Ca
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

There must be a copy of this form at ALL Faith Formation and Youth Ministry Activities

1st Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2018): _____ School (Fall 2018): _____

Food Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions we should be aware of: _____

Date of child's last physical examination: _____

2nd Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2018): _____ School (Fall 2018): _____

Food Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions we should be aware of: _____

Date of child's last physical examination: _____

3rd Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2018): _____ School (Fall 2018): _____

Food Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions we should be aware of: _____

Date of child's last physical examination: _____

Emergency Contact (other than parent/guardian)
THAT CHILD(REN) MAY BE RELEASED TO: _____

Name

Cellphone

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Address: _____

Print Name of Policy Holder: _____

Insurance Company: _____

Employer/Group Number: _____ Policy/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:

(Complete AND SIGN Back of Form/Page Two)

**Parental Permission and Acknowledgment of
Conditions for Participation in Program**

1. I/we, parent or authorized guardian of the child(ren) named above give permission for his/her/their participation in **Vacation Bible School (July 23-27, 2018) at Our Lady of Grace Catholic Church, Castro Valley, CA** and all related activities.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation and VBS staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child(ren) as a result of his/her/their participation in this event (VBS), whether or not caused by the negligence of the parish, faith formation or youth ministry program employees, agents or VBS volunteers or other participants.
4. I/we understand that children participating in this event (VBS) risk injury to the body, psyche or property damage to themselves or others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational 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 the activities of the faith formation and youth ministry and VBS program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child(ren) 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 "Releasees") 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 minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or 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 Releasees or otherwise.
3. That the parent or guardian 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 and Youth Ministry and/or VBS events; and for the resulting photographs and/or videotaped footage to be edited for the purpose of promoting Our Lady of Grace children's ministry.

I have read this Agreement and understand everything written above.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
Print Name of Parent or Guardian	Signature of Parent or Guardian	Date
Mother's cell phone: _____	Father's cell phone: _____	
Family Email: _____		