Date Office Recorded: _____ By: _____

St. Patrick Catholic Church

2018 Vacation Bible Camp Registration Form

June 18-22 and June 25-29, 8:00 am – 4:00 pm

825 7th Street, Rodeo, CA 94572 (510) 799-4434, (510) 799-5681 fax

Website: www.stpatrickrodeo.org Email: ffe@stpatrickrodeo.org

(ONE FORM PER FAMILY)

Amount Paid: *(Circle)* Full payment due on or before May 15, 2018 **Regular Fee: $225**(1 child) /**$440**(2 children) /**$645**(3 children) **Late Fee: $245** (per child: no prorate, no discount) Early Registration fee: registered and fee paid before March 31, 2018 Regular Registration fee: registered and fee paid before May 18, 2018 Late Registration fee: registered and fee paid before June 6, 2018	Payment Date: _____ By: _____ Cash $_____ / Check #_____ $_____ Cash $_____ / Check #_____ $_____ **Note:** **Financial Assistance/Catechist/Volunteer** (Scholarship Form required)

Family Information

Last Name:_____ Other family names used:_____

Street Address: _____

City/State/Zip:_____ Home Phone: (__) ____-_____

Family Email: _____ Church family attends: _____

Complete this section if child(ren) does not reside with birth parents.	
Stepfather/Guardian:	Stepmother/Guardian:
Religion:	Religion:
Work #: Cell #:	Work #: Cell #:

Birth Parents Information

Marital Status: ***(circle)*** Single / Married / Divorced / Separated / Widowed / Domestic Partners

First Name Last Name	First Name Last Name Maiden Name
Father:	Mother:
Religion:	Religion:
Work #: Cell #:	Work #: Cell #:
Email:	Email:
Address *(if different from above)*	Address *(if different from above)*

Emergency Contact Information

1st Person *(Other than parents/guardians)*	2nd Person *(Other than parents/guardians)*
Name:	Name:
Relationship:	Relationship:
Home #: Cell/Other #:	Home #: Cell/Other #:
Email:	Email:

Emergency Information

Do you authorize the adult leader to authorize medical treatment for your child(ren) in an emergency, as considered necessary by the attending physician? *(circle)* Yes No If no, state any reasons why you do not want medical care given to your child(ren) in an emergency: _____

Family Physician: _____ Phone: (__) ____-_____

Family Physician Address: _____

Medical Insurance Name: _____Member ID #: _____ Group #: _____ Plan #: _____

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Parental Permission & Acknowledgement of Conditions for Participation in Program

1. I/we, parent or authorized guardian of the child(ren) named below give permission for his/her participation in the religious and social activities, and all related activities, including but not limited to transportation to and from these Vacation Bible Camp event(s).
2. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from Vacation Bible Camp 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 participation in these event(s), whether or not caused by the negligence of parish, Vacation Bible Camp program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in Vacation Bible Camp events risk injury to the body, psyche or property damage to themselves and 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 & Waiver of Liability & Indemnity Agreement

In consideration for being permitted to participate in Vacation Bible Camp 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 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(ren), parent or guardian 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 Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child(ren), parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Vacation Bible Camp 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 Vacation Bible Camp 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 website, social media (Facebook, Twitter, Instagram, etc.), etc) for the purpose of promoting the activities of St. Patrick Catholic Church.

I have read this Agreement and understand everything written above.

_____

Signature of Parent/Guardian Date

_____

Signature of Parent/Guardian Date

Date Office Recorded: _____ By: _____

Student(s) Information

1st Student

__ *Student Camper*

__ *Student Volunteer (no fee charged)*

Previous Vacation Bible Camp. was at::

_____

_____

Date: _____

First Name: _____ **MI** _____ **Last:** _____

Gender: Male / Female **Date of Birth:** ___/___/___ **Grade in Fall 2017:** _____

School: _____ **City of School:** _____

Student Email: _____**Student Cell Phone:** _____

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: _____

List all FOOD allergies: _____

Student had difficulty with the following *(check all that apply):*
__Asthma __Fainting Spells __Convulsions __ Diabetes __ Heart __Eyes __ Ears __Nose
__Throat __Lungs __Digestion __ Menstrual Problems __ Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:
_____ Date of last physical examination:_____

T-Shirt Size (circle one only): **YOUTH** SIZE: __ Small __ Medium __ Large __ XLarge
ADULT SIZE: __ Small __ Medium __ Large __ XLarge

2nd Student

__ *Student Camper*

__ *Student Volunteer (no fee charged)*

Previous Vacation Bible Camp. was at::

_____

_____

Date: _____

First Name: _____ **MI** _____ **Last:** _____

Gender: Male / Female **Date of Birth:** ___/___/___ **Grade in Fall 2017:** _____

School: _____ **City of School:** _____

Student Email: _____**Student Cell Phone:** _____

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: _____

List all FOOD allergies: _____

Student had difficulty with the following *(check all that apply):*
__Asthma __Fainting Spells __Convulsions __ Diabetes __ Heart __Eyes __ Ears __Nose
__Throat __Lungs __Digestion __ Menstrual Problems __ Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:
_____ Date of last physical examination:_____

T-Shirt Size (circle one only): **YOUTH** SIZE: __ Small __ Medium __ Large __ XLarge
ADULT SIZE: __ Small __ Medium __ Large __ XLarge

Date Office Recorded: _____ By: _____

3rd Student

☐ *Student Camper*

☐ *Student Volunteer (no fee charged)*

Previous Vacation Bible Camp. was at::

_____

_____

Date: _____

First Name: _____ **MI** _____ **Last:** _____

Gender: Male / Female **Date of Birth:** ___/___/___ **Grade in Fall 2017:** _____

School: _____ **City of School:** _____

Student Email: _____**Student Cell Phone:** _____

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: _____

List all FOOD allergies: _____

Student had difficulty with the following *(check all that apply):*
☐ Asthma ☐ Fainting Spells ☐ Convulsions ☐ Diabetes ☐ Heart ☐ Eyes ☐ Ears ☐ Nose
☐ Throat ☐ Lungs ☐ Digestion ☐ Menstrual Problems ☐ Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:
_____ Date of last physical examination:_____

T-Shirt Size (circle one only): **YOUTH** SIZE: ☐ Small ☐ Medium ☐ Large ☐ XLarge
ADULT SIZE: ☐ Small ☐ Medium ☐ Large ☐ XLarge

4th Student

☐ *Student Camper*

☐ *Student Volunteer (no fee charged)*

Previous Vacation Bible Camp. was at::

_____

_____

Date: _____

First Name: _____ **MI** _____ **Last:** _____

Gender: Male / Female **Date of Birth:** ___/___/___ **Grade in Fall 2017:** _____

School: _____ **City of School:** _____

Student Email: _____**Student Cell Phone:** _____

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: _____

List all FOOD allergies: _____

Student had difficulty with the following *(check all that apply):*
☐ Asthma ☐ Fainting Spells ☐ Convulsions ☐ Diabetes ☐ Heart ☐ Eyes ☐ Ears ☐ Nose
☐ Throat ☐ Lungs ☐ Digestion ☐ Menstrual Problems ☐ Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:
_____ Date of last physical examination:_____

T-Shirt Size (circle one only): **YOUTH** SIZE: ☐ Small ☐ Medium ☐ Large ☐ XLarge
ADULT SIZE: ☐ Small ☐ Medium ☐ Large ☐ XLarge

Date Office Recorded: _____ By: _____

____ Student

☐ *Student Camper*

☐ *Student Volunteer (no fee charged)*

Previous Vacation Bible Camp. was at::

_____

_____

_____

Date: _____

First Name: _____ **MI** _____ **Last:** _____

Gender: Male / Female **Date of Birth:** ___/___/___ **Grade in Fall 2017:** _____

School: _____ **City of School:** _____

Student Email: _____**Student Cell Phone:** _____

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: _____

List all FOOD allergies: _____

Student had difficulty with the following *(check all that apply):*
☐ Asthma ☐ Fainting Spells ☐ Convulsions ☐ Diabetes ☐ Heart ☐ Eyes ☐ Ears ☐ Nose
☐ Throat ☐ Lungs ☐ Digestion ☐ Menstrual Problems ☐ Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:
_____ Date of last physical examination:_____

T-Shirt Size (circle one only): **YOUTH** SIZE: ☐ Small ☐ Medium ☐ Large ☐ XLarge
ADULT SIZE: ☐ Small ☐ Medium ☐ Large ☐ XLarge

____ Student

☐ *Student Camper*

☐ *Student Volunteer (no fee charged)*

Previous Vacation Bible Camp. was at::

_____

_____

_____

Date: _____

First Name: _____ **MI** _____ **Last:** _____

Gender: Male / Female **Date of Birth:** ___/___/___ **Grade in Fall 2017:** _____

School: _____ **City of School:** _____

Student Email: _____**Student Cell Phone:** _____

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: _____

List all FOOD allergies: _____

Student had difficulty with the following *(check all that apply):*
☐ Asthma ☐ Fainting Spells ☐ Convulsions ☐ Diabetes ☐ Heart ☐ Eyes ☐ Ears ☐ Nose
☐ Throat ☐ Lungs ☐ Digestion ☐ Menstrual Problems ☐ Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition:
_____ Date of last physical examination:_____

T-Shirt Size (circle one only): **YOUTH** SIZE: ☐ Small ☐ Medium ☐ Large ☐ XLarge
ADULT SIZE: ☐ Small ☐ Medium ☐ Large ☐ XLarge