

St. Francis of Assisi “Fun in the Sun” Summer Camp 2019 Volunteer Emergency Contact Information

Volunteers name: _____ **Date of birth:** _____

Address: _____ **City / State / Zip:** _____

Parent / Guardian Names: 1.) _____ 2.) _____

Day Phone: _____

Cell Phone: _____

Evening Phone: _____

Emergency Contacts: Please list two people we may contact if we cannot reach you in an emergency:

Name	Phone Number	Relationship
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1) _____

2) _____

Signature of parent / guardian: _____ **Printed Name:** _____

Relationship to volunteer: _____ **Date:** _____

Photographic Release:

I hereby give permission to the St. Francis of Assisi Fun in the Sun Staff or for anyone authorized by St. Francis of Assisi Church, or the St. Francis of Assisi Fun in the Sun Staff (including newspaper) to take photographs of the above listed minor. I understand these photographs will be used for informational and promotional materials and under no circumstances will be sold or distributed for sale.

Signed: _____ **Date:** _____

Continued on back:

The names listed below are the only persons authorized by me to pick up my child.

Name: _____ **Relationship:** _____

Home phone: _____ **Cell Phone:** _____

Name: _____ **Relationship:** _____

Home phone: _____ **Cell Phone:** _____

Name: _____ **Relationship:** _____

Home phone: _____ **Cell Phone:** _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____