

# VACATION BIBLE CAMP REGISTRATION

June 18<sup>th</sup>-22<sup>nd</sup>, 2018

8:00 am - 12:00 pm

<u>If Registering</u>	<u>By 5/28</u>	<u>After 5/28</u>
One Child	\$20	\$30
Two Children	\$30	\$40
Three or more Children	\$40	\$60

FEE LOWERED OR WAIVED IF FINANCIAL HARDSHIP

Family's LAST Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City & Zip \_\_\_\_\_

## PARTICIPANT NAME(S)

NAME(S) by AGE	_____	Age 3 by 1/1/18	Must be	_____	Grade 3	_____
Or GRADE LEVEL	_____	Entering K-garten	(potty trained)	_____	Grade 4	_____
	_____	Entering Grade 1		_____	Grade 5	_____
	_____	Entering Grade 2		_____	Grade 6	_____

## EMERGENCY CONTACTS

During VBC, Mom will be at \_\_\_\_\_ Phone \_\_\_\_\_ Dad will be at \_\_\_\_\_ Phone \_\_\_\_\_

Other Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor's Name \_\_\_\_\_ Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Special Needs/Medical Info (include all allergies) \_\_\_\_\_

**VOLUNTEERS & CREW LEADERS** - VOLUNTEERS, PLEASE BE SURE THAT YOUR ADDRESS, PHONE, AND EMERGENCY INFORMATION are filled out in the ABOVE registration spaces and PLEASE REGISTER to volunteer ASAP.

Volunteer's Name(s) \_\_\_\_\_

If under 21, age & grade \_\_\_\_\_

### VBC COORDINATORS (Requires Pre-VBS Planning/Coordinating)

- \_\_\_\_\_ Clean-up Crew Coordinator
- \_\_\_\_\_ Crew Leader Coordinator
- \_\_\_\_\_ Nursery/Toddler Director
- \_\_\_\_\_ Registration Coordinator
- \_\_\_\_\_ Sets & Props Coordinator

### SITE DIRECTORS:

- \_\_\_\_\_ Sing & Play Director
- \_\_\_\_\_ KidVid Cinema Leader (E)
- \_\_\_\_\_ Imagination Station Leader (E)
- \_\_\_\_\_ Deep Bible Quests Leader (E)
- \_\_\_\_\_ Bible Adventures (P)
- \_\_\_\_\_ Sports & Games Director (E)
- \_\_\_\_\_ Games Director (P)

### ON-SITE VOLUNTEERS AND CREW LEADERS

Requires full week's attendance:

- \_\_\_\_\_ Group Leader (must be adult-supervises group "crews")
- \_\_\_\_\_ Crew Leader/Elementary (Gr. 10 - adult)
- \_\_\_\_\_ Preschool Play House Crew Leader (Gr. 10+)
- \_\_\_\_\_ Crew Aide OR Site Aide - (must be grade 6+)
- \_\_\_\_\_ "Crew" or Preferred Site \_\_\_\_\_
- \_\_\_\_\_ Preschool or Elementary? \_\_\_\_\_

Full week OR Circle desired days:

- \_\_\_\_\_ Skits Performer\*
  - \_\_\_\_\_ Imagination Station Assistant\* M T W Th F
  - \_\_\_\_\_ Games Assistant\* M T W Th F
  - \_\_\_\_\_ Serving Snacks M T W Th F
  - \_\_\_\_\_ Nursery Worker\* M T W Th F
- \*must be grade 10+

### VBC SUPPORT VOLUNTEERS (Assisting Coordinators & Directors Before and/or After VBS)

- \_\_\_\_\_ Assisting with 1<sup>st</sup> Day Registrations
- \_\_\_\_\_ Clean-up Crew (last day)
- \_\_\_\_\_ Collect materials & supplies
- \_\_\_\_\_ Making and/or painting props
- \_\_\_\_\_ Prepare craft items
- \_\_\_\_\_ Set-up Crew (week-end before)
- \_\_\_\_\_ Sort left over supplies

Please Return to Marty Horning at the Parish Office By May 28, 2018

- Waiver must be filled out. Extras can be found at the Parish and School Offices.

**DIOCESAN EVENT WAIVER AND RELEASE**  
**CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/14)**

Youth's Name: _____	Age: _____	Grade: _____
Parish/School/Program: <u>ST. JOHN THE BAPTIST</u>		City: <u>NEWBURGH, IN</u>
Event: <u>VACATION BIBLE SCHOOL</u>		Date(s): <u>JUNE 18-22 2018</u>

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, ST. JOHN THE BAPTIST CATHOLIC Parish, FR. TOM KESSLER Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via [www.evdio.org/diocesan-forms-for-oyaya.html](http://www.evdio.org/diocesan-forms-for-oyaya.html)). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____
Signature: _____ Date: _____

FOR VACATION BIBLE SCHOOL 2018  
S.J.B. NEWBURGH

**MEDICAL INFORMATION**  
**CATHOLIC DIOCESE OF EVANSVILLE** (REV. 7/12)

Youth's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State, Zip)

Parent/Guardian  
to Call in Emergency: \_\_\_\_\_  
(Print Name) (Phone)

If Parent/Guardian  
CANNOT be reached: \_\_\_\_\_  
(Print Name) (Phone)

Family Physician: \_\_\_\_\_  
(Print Name) (Phone)

Family Insurance Carrier: \_\_\_\_\_  
(Print Name) (Phone)

Insurance Policy Number: \_\_\_\_\_

Are parents living together:  Yes.  No.

With whom does child live?  Mother.  Father.  Other: \_\_\_\_\_

Is anyone, by court order or decree, designated as the sole, custodial parent? If so, list:  
\_\_\_\_\_

List anyone restrained from picking up child: \_\_\_\_\_

*I understand it is my responsibility to keep the youth minister informed about such matters and to provide copies of relevant court orders and decrees to officials.*

List any chronic or existing disease or medical problems (e.g. diabetes, asthma, epilepsy):  
\_\_\_\_\_

List any medications your child is taking on a regular basis:  
\_\_\_\_\_  
\_\_\_\_\_

Should it become necessary, please list any instructions for care of the above:  
\_\_\_\_\_  
\_\_\_\_\_

Place "X" in box if it is **NOT** acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain, allergy, or nausea medications).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Diocesan Use of Image/Media Recording Policy**

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The Diocese of Evansville and its affiliated parishes and schools may wish to use an image of your child in both print and electronic publicity. It is the practice of the Diocese of Evansville to protect all children at all times including the public use of their images.

By signing the Diocesan Event Waiver, parents/guardians give consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of their child(ren)/ward(s) exclusively for the purpose of event/program promotion. Permission to use any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which your child may appear may include promotional activities such as, but not limited to, websites, social media sites, newsprint, flyers, or brochures. The Diocese of Evansville reserves the right to determine which images and likenesses are used and how long these will remain on the site or used in media materials.

The Catholic Diocese of Evansville its agents, and employees are given all rights to exhibit images, likenesses, or recordings of youth participants in print and electronic form. No financial or other remuneration will be provided for the use of any images, likenesses, or recordings, either for initial or subsequent transmission or playback.

The Diocese of Evansville will never sell the image, likeness, or other recording/rendering of participants at any diocesan event. Given the large number of youth participants at several diocesan events, individuals may not opt-out of the Diocesan Use of Image/Media Recording policy as we are not able to determine whether an individual who has chosen to opt-out is present in large group photos. Again, it is important to state that the Diocese of Evansville will never sell images, likenesses, renderings, or other recordings for any purpose, and every effort is made to protect the identities of young people (e.g., their full names are never published along with photos on our website or promotional materials).

The Diocese of Evansville is not responsible for third-party recordings made at events in which we participate but of which the Diocese of Evansville is not the primary planner or executor. Similarly, the Diocese of Evansville assumes no responsibility for unauthorized pictures, videos, or other recordings made via personal cellular phones or similar devices.