



Saint Joseph Parish Presents:

CHRISTMAS CAMP!



Children ages 5-11 are invited to join us for an afternoon to reflect on the love that the gift of Jesus Christ is to all of the world. Parents drop off your children while you finish shopping, prepare for the holidays, or simply take a nap! Let us help you with this by offering an afternoon of Christmas joy for your children. Then skip cooking and join us for a family dinner as a faith community at 6PM.

Sunday, December 11, 2022 3:00 - 6:00 PM in the Gym

For Children 5-11 years old

Followed by a Family Dinner @ 6 PM

REGISTRATION FORMS DUE BY MONDAY, DECEMBER 5, 2022!

Family Name _____

Parent Name(s) _____

Email _____ Phone _____

Address _____

Emergency Contact _____ Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

PARTICIPANT NAMES AND INFORMATION*

NAME: _____ M/F Grade/Age _____

Allergies? _____

NAME: _____ M/F Grade/Age _____

Allergies? _____

NAME: _____ M/F Grade/Age _____

Allergies? _____

Saint Joseph Parish Christmas Camp Permission Form

I, _____, as parent or legal guardian of the above child(ren), In consideration of the child(ren) being allowed to participate in Christmas Camp, on behalf of my child(ren), my spouse, and myself, I hereby assume all risks in connection with Christmas Camp and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Joseph Parish, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child(ren)'s participation in Christmas Camp, including all risks connected there with whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child. In the event that I cannot be contacted, hereby give permission to transport my child(ren) for emergency medical care in the event of illness or injury to the nearest hospital. I fully understand what is involved in Christmas Camp and I understand that I have the opportunity to call the Parish Catechetical Leader and ask about Christmas Camp.

Permission to Photograph

____ YES ____ NO - I grant permission to Saint Joseph Parish to authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Saint Joseph Parish School of Religion Program by an employee, agent, or representative of Saint Joseph Parish or independent contractor.

EMERGENCY MEDICAL AUTHORIZATION

____ YES ____ NO - I hereby give my permission for Saint Joseph Parish Staff or an adult representative of the Saint Joseph Christmas Camp program to seek medical attention and treatments deemed necessary for all children named on this registration in the event parents and emergency contacts cannot be reached.

If answered no: In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following action:

Parent/Guardian

Signature _____ Date _____

All Family Members are invited to our Family Dinner at 6 PM!

NUMBER STAYING FOR DINNER: Adults: _____ Children _____

SAINT JOSEPH PARISH

215 Falls AVE, Cuyahoga Falls, OH 44221

Jessica S. Plaspohl, Parish Catechetical Leader • Carrie DePasquale, Parish Ambassador
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