Registration Fee
For participants $60.00 per child

Registration for VBS Camp Counselors $30.00

Please make check out to Saint Peter Claver

Saint Peter Claver Church

Vacation Bible School 2025

July 14-18
9:00 AM – 12:00PM

Registration is open until July 1st!

****PLEASE PRINT CLEARLY****

CHILD'S NAME: _____ **BIRTHDATE :** _____ **AGE:** _____

SEX: M F T-SHIRT SIZE: (CHILD SIZES) S - M - L (ADULT SIZES) S - M - L ***(circle one only)***

Children from 5-years-old to incoming 5th graders are welcome to participate.
6th through 12th Graders are invited to participate as VBS Camp Counselors.

Please circle grade child is in: K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Please circle one: Participant Camp Counselor

If your Child has food or environmental allergies, please list: _____

Primary Contact:

E-MAIL ADDRESS: _____

FATHER'S NAME: _____ **CELL # :** _____

MOTHER'S NAME: _____ **CELL # :** _____

HOME ADDRESS: _____ **ZIP:** _____

Saint Peter Claver Parishioner (Please circle one): Yes No

I give permission for my son/daughter to be photographed at Faith Formation activities and possibly be posted on the Saint Peter Claver website, parish bulletin, or on posters at Saint Peter Claver. Please circle: Yes No

_____

Parent/Guardian Signature Date

IN CASE OF AN EMERGENCY AND I CANNOT BE CONTACTED MY CHILD MAY BE RELEASED TO:

_____	_____	_____
Name	*Relationship*	*Best contact #*
_____	_____	_____
Name	*Relationship*	*Best contact #*

Please Complete Other Side

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): **Saint Peter Claver**

Place and Date of Event/Trip: **July 14-18, 2025**

Activity: Field Trip ____ Retreat ___ Other (specify) **VBS Summer Camp** Purpose: **Faith Formation**

Total Cost: **$ 60**

Teacher/Adult Leader: **Laura Diaz** Attire: **Closed toed shoes**

Minor's Name:

_____

Address: _____

Date of Birth: _____ Male _____ Female _____ Grade _____

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions _____

_____

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

_____

Parent/Guardian Signature Date

_____ _____ _____

Home Phone Cell Phone Work Phone