## **Registration Fee**

For participants \$60.00 per child

Registration for VBS Camp Counselors \$30.00

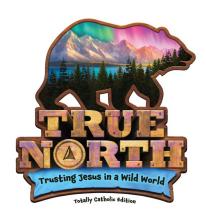
Please make check out to Saint Peter Claver

## **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 :		A(	AGE:	
SEX: M F T-SHIRT SIZE:	(CHILD SIZES) S - M -	L (ADULT SI	ZES) S - M	I - L (circle	e one <u>only</u> )	)
Children from 5-yea	ars-old to incoming	5th graders a	re welcome	e to particij	pate.	
6th through 12th G	raders are invited to	o participate a	as VBS Car	mp Counse	lors.	
Please circle grade child is in	: K 1st 2nd 3rd 4	th 5th 6th	7th 8th	9th 10th	11th	12th
Please circle one: Part	ticipant	Camp Co	ounselor			
If your Child has food or en	nvironmental allerg	ies, please list	:			
	Primary	Contact:				
E-MAIL ADDRESS:						
FATHER'S NAME:	C: CELL#:					
MOTHER'S NAME:		CELL#:				
HOME ADDRESS:			ZIP:			
Saint Peter Claver Parishioner (Please circle one):		Yes	No			
I give permission for my son/daugh the Saint Peter Claver website, pari	1 0 1				e posted o No	on
Parent/Guardian Signature	Date					
IN CASE OF AN EMERGENCY	AND I CANNOT BE CO	ONTACTED MY	CHILD MAY	Y BE RELEAS	SED TO:	
Name	Relationship		Best contact #			
Name	 Relationshi	<u>, , , , , , , , , , , , , , , , , , , </u>	Best contact #			

## 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**