

Holy Name Catholic Church Vacation Bible School 2026

When: June 22~ June 26, 9 a.m. to 12 p.m.
Where: Holy Name Church and School

Student Volunteer (14 to 17 Years Old)
Registration and Parent Consent



Student Volunteer Information:

Name: _____
Age as of June 26, 2026: _____
Volunteer's Cell Phone: _____
E-mail Address: _____
T-Shirt Size: _____

Name: _____
Age as of June 26, 2026: _____
Volunteer's Cell Phone: _____
E-mail Address: _____
T-Shirt Size: _____

Name: _____
Age as of June 26, 2026: _____
Volunteer's Cell Phone: _____
E-mail Address: _____
T-Shirt Size: _____

Parent/ Guardian Name: _____
Cell Phone: _____
E-mail Address: _____
Mailing Address: _____

For individuals who are 14-17 years old, please contact the Parish Office to obtain guidance on necessary clearances. Please note, current clearances must be on file with the Altoona-Johnstown Diocese in order to volunteer.)

LIABILITY RELEASE: In consideration of Holy Name Catholic Church allowing the above child(ren) to participate as a volunteer in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Holy Name Catholic Church, its Clergy, directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

ELECTRONIC COMMUNICATIONS: I understand that my permission is required, pursuant to the Diocese of Altoona-Johnstown's Policy for the *Use of Technology, Electronic Communication, Texting, Social Media, Video, Gaming, etc.*, to be granted in order for the staff and adult volunteers involved with Vacation Bible School to communicate with my child about via telephone, cell phone, text messaging, e-mails, social networks or other electronic means. **My permission is hereby granted.** Consistent with the aforementioned policy, I understand that all written and electronic communication from the staff and adult volunteers to my child will include me as a copied recipient or a member of a group message.

PHOTO/VIDEO PERMISSION: I give my consent to Church to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless the Church from any liability which may result from the use of said picture(s) or video(s). This consent shall continue beyond Vacation Bible School.

Initial One Response: _____ I give my consent. _____ I do not give my consent.

I hereby give permission for my child(ren) to participate in Vacation Bible School at Holy Name Catholic Church on June 22 – June 26 from 9 a.m. to 12 p.m.

Parent/Guardian Signature _____ **Date** _____

Please return all completed Forms through one of the following methods: Return to Parish Office; Return to School Office (for Holy Name Elementary School Students); Return in Collection Basket.

Child's Name _____
Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____
Parent/Guardian Name and Phone Number(s) _____

Emergency Contact: In case parent/guardian cannot be reached:
Name _____
Phone _____
People authorized to pick up my child _____

Child's Name _____
Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____
Parent/Guardian Name and Phone Number(s) _____

Emergency Contact: In case parent/guardian cannot be reached:
Name _____
Phone _____
People authorized to pick up my child _____

Child's Name _____
Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____
Parent/Guardian Name and Phone Number(s) _____

Emergency Contact: In case parent/guardian cannot be reached:
Name _____
Phone _____
People authorized to pick up my child _____

Please Note: Reasonable efforts will be used to maintain confidentiality of the information disclosed on these cards.