

Corpus Christi

Love God. Love Others. Grow. Serve. Proclaim.
Corpus Christi Catholic Church Mission Statement

VBS 2019: **CAMP WHOLE-YOU**

July 29th to August 2nd

Registration Form

*VBS shirts are available in child sizes small, medium, & large and adult sizes small, medium, large, XL, and XXL - Please indicate whether child or adult size. *Children will be placed in closest age groups. *Please make checks payable to "Corpus Christi FISH" with "VBS 2019" in the memo area. **Please return completed forms with payment to the Parish Office (Monday – Friday, 9am – 2pm) or Drop off in the 2nd floor mailbox or during weekend Mass collection by July 12th, 2019.**

CHILDREN (ages 4-11; Pre-K to Grade 5)

Name _____ Age _____ Grade in Fall _____ Shirt size: _____

Name _____ Age _____ Grade in Fall _____ Shirt size: _____

Parent(s)/Guardian name(s): _____

Email address: _____ Phone #1: _____ Phone #2 _____

Emergency contact: _____ Phone #: _____

List child's or children's name(s) and allergic reactions, medical concerns, special needs, or small group request (use the back of this form if needed):

ADULT Helpers

Name _____ Shirt size: _____

Name _____ Shirt size: _____

VBS Roles for ADULT Helpers: (Please check desired role.)

***Many adult helpers are needed to make VBS a success. We have a place for you whether you can serve for an hour during the week or every day. Select at least ONE way you can support the program from the options below:**

FULL WEEK commitment:

____ Group Co-Leader: Lead group of kids daily with a Youth Group Leader

____ Station Leader: Lead station daily with Youth Co-Leaders (circle one): Scripture/ Crafts, Music, Experiments, Outdoor Games

____ Snack Leader: Coordinate and set up snacks per approved snacks daily for kids and leaders

LIMITED commitment options: Which days would you like to help? ____ M to F or Circle specific days: M Tu W Th F

____ Scripture/Crafts ____ Music ____ Experiments ____ Snacks ____ Outdoor Games ____ Decorating (Jul 22-Jul 27 flexible time)

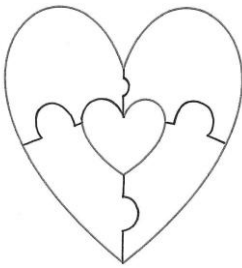
____ Set-up Crew (Sunday, July 28th after 12 Noon Mass) ____ Clean-up Crew (Friday, August 2nd after VBS)

***All adult helpers are required to be Safe-Environment cleared (i.e. fingerprinted and Safe-Environment trained).**

For any VBS questions, contact: Director of Children's Faith Formation, Maria Inciong Marialnciong@CorpusChristiAlisoViejo.org, 949-389-9209.

For Safe Environment questions, contact: Safe Environment Coordinator, Susie Hays SafeEnvironment@CorpusChristiAlisoViejo.org 949-389-9295.

PLEASE SEE REVERSE SIDE FOR PERMISSION FORM.



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Permission Form

I, the parent (guardian) of _____ hereby give my permission for her/his/their participation in Vacation Bible School from July 29 to August 2, 2019 at Corpus Christi Catholic Church. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to, The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities or individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental costs shall be made to insurance or any available benefit plans of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby, authorize the making of photographs, motion pictures, video tapes, or other recordings memorializing said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby, waive any rights to compensation or any right that I otherwise might have to limit or to control such making or use.

I, hereby, give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent/ Guardian Signature

Date

Parent Name (please print)