

Saint Martin of Tours **Vacation Bible Camp**

July 8-12, 2024

SAVBA

diving into friendship with god

totally catholic

Teen Leader **Registration Packet**

Teen Registration Application

Please fill out in blue or black ink and return it to
Helen Deen with a \$25.00 payment!
Make checks out to "St. Martin of Tours"

Name: _____

Age: _____ Grade (2024-2025 school year): _____

Email: _____

Parent's Name: _____

Parent's Email: _____

Parent's Phone: _____

Adult T-shirt size: Small Medium Large X-Large

I am interested in assisting an adult with...

(We will do our best to accommodate requests however priority will be given to those that sign up first)

- Assisting in a group Music Snack
 Faith Skits Set decorations/ Environment
 Crafts Outdoor games Post camp clean up

Teen Leaders Pledge:

I will abide by all directions given to me by the adult volunteers when I am a teen leader. I will model good Christian behavior at all times. I will use good judgment and keep myself and the children involved, safe at all times.

Teen Signature

Date

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ **SEX:** _____

PARENT/GUARDIAN'S #1 NAME: _____ **CELL PHONE:**__()_____

PARENT/GUARDIAN'S #2 NAME: _____ **CELL PHONE:**__()_____

I, _____, (parent/guardian) grant permission for my child, _____, (name of youth) to participate in this parish youth ministry event that takes place on the parish site. This activity will take place under the guidance and direction of parish employees from St. Martin of Tours Catholic Church. A brief description of the activity follows:

Name of Event: Vacation Bible Camp

Date of Event: July 08-12, 2024

Location: St. Martin of Tours Catholic Church

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Martin of Tours Catholic Church, its officers, directors, employees and agents, and the Diocese of San Diego, its employees and agents, chaperones or representatives associated with the event, from any claim arising from or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, its employees and agents and chaperones or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

I agree that unless otherwise submitted in writing, to consent to allow my child's image to be recorded, either by photograph or video and used during the VBC week or for future advertisement of the Parish VBC programs. Any other use will require future consent.

Signature _____ **Date** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Allergies: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

EMERGENCY CONTACTS:

Name & relationship: _____ **Phone:** _____

Signature _____ **Date** _____