



St. Catherine Parish
Parroquia de Santa Catalina

Volunteer for Vacation Bible Camp Summer 2017!



Half Day Camps

Session I: June 12-16, 2017

Session II: June 19-23, 2017

8:00 am—12:30 pm

- *Put God's love into action by working with our community*
 - *Serve as a group leader for kids PK-grade 5*
 - *Develop and strengthen skills as a servant leader*
 - *Have fun!*

Registration forms are available online, at the Rectory or the Family Faith Formation Office. Teen volunteers are required to go to a Teen Leader Training (Date to be confirmed in late May or early June)

For further information on volunteering, please contact:

Dianna Lopez at (408) 779-9604 or by e-mail: dlopez@dsj.org

*St. Catherine Church, Office of Family Faith Formation and Evangelization
17400 Peak Ave, Morgan Hill, CA 95037 Tel: (408) 779-9604*

YOUTH VOLUNTEER REGISTRATION AND RELEASE FORM

**YES! Register my youth to volunteer for the following camp:
Session I: ____ June 12-16 or Session II: ____ June 19-23**

Name of Youth: _____ Grade in Fall 2017: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____

Home #: _____ E-mail address: _____

Mother Cell #: _____ Father Cell #: _____

Please circle T-shirt size: Child L Adult S M L XL XXL

Does your youth have a medical condition or food allergy? Y N

If yes, please explain: _____

Doctor's Name: _____ Doctor's Phone #: _____

Insurance Company: _____ Policy #: _____

Emergency Contact Person (in the event the parent(s) cannot be notified)

Name: _____ Relation: _____ Phone #: _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist, or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

By signing this form, I hereby grant permission for my youth to be photographed and/or videotaped during Vacation Bible Camp (VBC). I understand that my youth may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotape footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting VBC. **Please print "Photo Opt Out" by the signature if you do not want this permission granted.**

Parent Signature: _____ Date: _____

Please return to St. Catherine VBC, 17400 Peak Ave., M.H. 95037 or to the Family Faith Formation Office by Friday, **May 1st**. Contact Diana Lopez at (408) 779-9604 or dlopez@dsj.org, or with any questions.