

VACATION BIBLE SCHOOL (VBS) 2024 GOD IS GOOD!

A VBS Adventure Planting Seeds of FAITH, HOPE, and LOVE



- What:** Four fun-filled days of stories, puppet shows, music & motion, indoor and outdoor games and activities, art projects, and snacks to explore the Bible, Church teaching, and the Saints!
- Who:** **CAMPERS:** Children ages 4 (by July 7, 2024) through Grade 5 (entering in fall)
VOLUNTEERS: Youth entering grades 6 -12 and Adults (CASE training required)
- When:** Monday – Thursday, July 8-11, 2024
9:00 AM – 12:15 PM (with closing assembly at 12:30 PM on Thursday)
- Where:** Holy Trinity Church, 1460 Ridge Road, Webster
- Cost:** \$40 per child, family maximum of \$120 (includes t-shirt, craft projects, snacks, and take-home treasures for 4 days)

REGISTRATION FORM

Space is limited. Once capacity is reached registration will be closed.

Return completed Registration and Payment by June 28 to secure your child's spot to:

Holy Trinity Church | Attn: Tricia Kull | 1460 Ridge Road | Webster, NY 14580

Cash or Check made out to *Holy Trinity Church*

Parent(s) Name: _____

Address: _____

Cell Phone #1: _____ Cell Phone #2: _____

Email #1: _____ Email #2: _____

PLEASE PRINT				
Name of Camper (fill out one line per child)	T-Shirt Size (Youth S, M, L, XL)	Date of Birth	Grade Entering in Sept. 2024	School Name

REQUIRED MEDICAL AND MEDIA RELEASE ON REVERSE SIDE

HEALTH HISTORY

Please list any medical conditions that might affect your child(ren) participating in this program.

Does your child(ren) have any allergies or other dietary restrictions?

Is your child(ren) currently taking any medications (prescription and /or non-prescription)? If so, please list.

Is there anything else we should know about your child(ren), especially with regards to disability, neurodiversity, and/or necessary accommodations?

EMERGENCY CONTACT and MEDICAL RELEASE INFORMATION

Emergency Contact (*If parents cannot be reached.*) _____

Emergency Contact's Relationship to Child(ren) _____

Emergency Contact's Cell Phone Number _____

Primary Care Physician _____

Primary Care Physician's Phone Number _____

Release Statement:

I give permission for my child(ren) to be transported in a privately owned vehicle or emergency transportation for medical emergencies only and for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child(ren). I certify that my child(ren) is in good health and has no limitations other than those I have listed, which may predispose him/her to risk during participation in the program.

Submitting this form confirms that I give permission for my child(ren) to participate in the program. I hereby release the Diocese of Rochester and all its affiliated entities, including its employees, volunteers and parish sponsor from any and liability for any damages suffered as a result of or relating to my child(ren)'s participation in the program. I agree that neither the Diocese of Rochester or the parish sponsor will be responsible for reimbursement of copayments or uninsured medical costs.

PARENT SIGNATURE _____ **DATE** _____

MEDIA RELEASE

Regarding the use of photographs, slides, audiotapes, and/or videotapes of my children named above:

Holy Trinity Church (please check one below):

_____ **HAS permission** to photograph or video my child(ren) during the 2024 VBS Program or related activities. Such media may be shared with our parish community through church bulletins, emailed newsletters, live video feed and social media, etc. Full names of minors will not be used in conjunction with photographs or video.

_____ **DOES NOT have permission** to photograph or video my child(ren) during the 2024 VBS Program except if my child's face is indistinguishable (i.e. turned away from the camera or otherwise unidentifiable).

PARENT SIGNATURE _____ **DATE** _____

For office use only: Ck. No. _____ Ck. Date _____ Ck. Amt. _____