



St. Joseph AND St. Joan of Arc Vacation Bible Camp



“Cave Quest” Bible Camp

presented by St. Joseph and St. Joan of Arc Bible Camp Leaders

Monday, July 10—Friday, July 14, 2017

9:00am—12:30pm

at St. Joseph’s Church Hall

1200 Mendon Rd., Woonsocket RI 02895, 401-766-0626

For more info, please contact Karen Lambert - KBE97@aol.com or 401-651-4272

Bible Camp is open to all children age 4 by June 1, 2017 and through grade 6 as of September 1, 2017. Youth grade 7 and up are welcome to sign up as crew leaders

Participant Information *(Teens under 18 volunteering to help at camp, please have parent fill out this as well)*

Name of Child: _____

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone _____ Date of Birth _____ T-Shirt Size (Youth S/M/L/XL) _____

Registration Payment (Please make check out to St. Joseph Church)

Registration Fee - \$25.00 per child, \$60.00 for family of 3 or more

I would like my child/ward to participate in this activity. As parent or legal guardian, I agree to defend and fully indemnify St. Joseph Church Woonsocket and St. Joan of Arc Church Cumberland against any claim, which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless St. Joseph Church and St. Joan of Arc Church against any claim or cause of action whatsoever brought against St. Joseph Church which took place during the above identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian. I hereby consent to participation by my above named child/ward, in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above named activity and this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature _____ Date _____

Print Name: _____ Email Address: _____

Home Address _____ Home Phone # _____ Work Phone # _____

EMERGENCY MEDICAL TREATMENT: In event of an emergency, I also give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature: _____ Date: _____

Insurance Co. _____ Policy# _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone Number: _____

Please furnish medical information about your child/ward, which may be pertinent to his or her participation in the above-identified activity, e.g. food allergies (snacks will be provided): _____