

SCUBA: VACATION BIBLE SCHOOL 2024

REGISTRATION FORM:

ST. CHRISTOPHER'S PARISH

Registration will be on Tuesday April 9 and Wednesday April 10 from 6:00 pm to 8:30 pm in the church vestibule. Please note that registration will be processed at a first come, first serve basis. If there are any questions/concerns please contact Levy Anne Ramos at lramos@archtoronto.org

OFFICE USE ONLY

Amount Paid _____

Ck/Cash _____

Date of Registration _____

CASH AND CHEQUES (PAYABLE TO ST. CHRISTOPHER'S PARISH) ONLY. NO CARD PAYMENTS AVAILABLE.

The camp registration is \$100 per child for 1 week of camp and \$180 for 2 weeks. The camp registration fee is nonrefundable registration fee that covers all camp materials.

Participant's Information

Last Name: _____ First Name: _____

Grade Completed: _____ Birthday: _____ Age(4-11): _____

Gender: _____ T-Shirt Size (Child Size) S _____ M _____ L _____ XL _____

Is this the participant's first year at Vacation Bible School? Yes ___ No ___

Select Camp Option: Week 1: July 15-19 ___ Week 2: July 22-26 ___ Both Weeks: ___

Parent/Guardian's Information

Name: _____ Relationship to Participant: _____

Email: _____ Main Number: _____

Secondary Contact: _____ Relationship to Participant: _____

Email: _____ Main Number: _____

Emergency Contact's Information

Name: _____ Relationship to Participant: _____

Main Number: _____

PLEASE TURN PAGE

MEDICAL INFORMATION

Does your child have any medical, (Allergies, Physical, Mental or Developmental) needs we should be aware of?

Are there any other concerns we should be aware of?

MODEL RELEASE STATEMENT

I hereby grant permission for my child to be photographed and/or videotaped during *VACATION BIBLE SCHOOL* activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or used for the purpose of promoting *VACATION BIBLE SCHOOL* at St. Christopher Parish.

Please put parent/guardian's initials (checkmarks are not accepted)

YES _____ NO _____

The above-named participant is permitted to participate in the activities planned at:

St. Christopher Parish for VACATION BIBLE SCHOOL

I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold St. Christopher Parish, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario or any other Province. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own risk. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Parent(s)

Signature _____ Date _____