

**St. Mary's Camp Catholic / VBS 2023**  
**July 10 – July 14 Monday – Friday - 9:00 AM – 2:00 PM**  
**Elementary Program (for children entering Grades 5K-5<sup>th</sup>)**

**Registration Fee is \$20.00 per child**  
**Registration deadline is Monday, June 26**

Please fill out a registration form for **EACH child**.

Child's Name \_\_\_\_\_ Grade entering Sept. 2023 \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Has child received First Communion? YES NO

Parent's Name: \_\_\_\_\_

Phone# \_\_\_\_\_ (in case of emergency)

Email address: \_\_\_\_\_

I (the parent) would be willing to help with Catholic Camp 2023  Yes  Not at this time

If fees are a financial difficulty for your family, please contact Mary Ellen Jackson  
@ 803.642.2676 or 803.507.1060 (cell)

Please list any **allergies or special needs** your child has that we should be aware of:

**Dress Code:** Explicitly excluded: short-shorts, tank tops, short tops, pants with holes  
It is recommended that socks and shoes be worn instead of sandals and flip flops.

In the event of an emergency, we will contact the parent/guardian first. Please indicate an emergency contact in the event we are unable to reach you. Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Medical Treatment:** in the event of an emergency, I hereby 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 and doctor.

Other medical treatment: in the event my child(ren) become(s) ill with symptoms such as headache, vomiting, sore throat, fever, prescription, may be administered to my child(ren) unless the situation is life-threatening and emergency treatment is required.

**Photograph Release:** I hereby authorize and consent to St. Mary's Church to publish all photographs, videos and voice recordings in which my child(ren) appear while enrolled as participant(s) in Christians Formation classes.

**Visit Church:** I hereby authorize and consent my child(ren) to walk from St. Mary School grounds to the Church with Camp Catholic personnel during Camp Catholic.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form and check (payable to St. Mary Help of Christians) to:

St. Mary Help of Christians Church  
Attn: Mary Ellen Jackson  
203 Park Ave. SE  
Aiken, SC 29802

or put in the collection basket

For office use: Check# \_\_\_\_\_ Amount \_\_\_\_\_

# ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH

## Camp Catholic / VBS

July 10 – July 14, AD 2023

8:30 AM – 3:00 PM

### TEEN VOLUNTEER REGISTRATION FORM AND LIABILITY WAIVER

Volunteer Name: \_\_\_\_\_

Age \_\_\_\_\_ Grade entering in Sept. 2023 \_\_\_\_\_ cell phone \_\_\_\_\_

Family Email: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Health Plan: \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies/Limitations \_\_\_\_\_

**Those OVER 18** must be **Safe Haven** trained and complete volunteer paperwork.

**Areas of interest: (circle areas) CRAFT, MUSIC, SKITS, FAITH LESSONS, LUNCH PREP, FIELD TRIPS**

**Dress Code:** Explicitly excluded: short-shorts, tank tops, short tops, pants with holes

It is recommended that socks and shoes be worn instead of sandals and flip flops.

**Emergency Medical Treatment** : in the event of an emergency, I hereby give permission for transport to a hospital for emergency medical treatment. I agree that in case of injury I will apply my insurance toward expenses incurred.

**Photograph Release:** I hereby authorize and consent to St. Mary's Church to publish all photographs, videos and voice recordings in which I may appear while enrolled as a volunteer in Camp Catholic.

**Confidentiality:** Volunteers are bound by confidentiality norms. In the course of their ministry, they may learn confidential information about children or other volunteer personnel. They are expected to keep this information confidential in any setting inside and outside the program.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

# ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH

## Camp Catholic / VBS

July 10 – July 14, AD 2023

8:30 AM – 3:00 PM

### ADULT VOLUNTEER REGISTRATION FORM AND LIABILITY WAIVER

Volunteer Name: \_\_\_\_\_

Cell phone \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Allergies/Limitations \_\_\_\_\_

Areas of Interest:    Faith Lesson  
                              Crafts  
                              Music  
                              Lunch  
                              Classroom Leader for each grade level

I prefer to work with (list grade) \_\_\_\_\_

Adult Volunteers must be **Safe Haven** trained and complete volunteer paperwork.

**Emergency Medical Treatment** : in the event of an emergency, I hereby give permission for transport to a hospital for emergency medical treatment. I agree that in case of injury I will apply my insurance toward expenses incurred.

**Photograph Release**: I hereby authorize and consent to St. Mary's Church to publish all photographs, videos and voice recordings in which I may appear while enrolled as a volunteer in Camp Catholic.

**Confidentiality**: Volunteers are bound by confidentiality norms. In the course of their ministry, they may learn confidential information about children or other volunteer personnel. They are expected to keep this information confidential in any setting inside and outside the program.

**SIGNATURE**: \_\_\_\_\_ **DATE** \_\_\_\_\_