

ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH

Camp Catholic 2017

June 12-16, 2017

9:00am-2:30pm

VOLUNTEER REGISTRATION FORM AND LIABILITY WAIVER

Volunteer Name: _____

Age _____

Going to a Grade _____

Family Email: _____

Parent Contact: _____

Parent Phone: _____

Emergency Contact: _____

Phone: _____

Family Doctor: _____

Phone: _____

Family Health Plan: _____ Policy # _____

Allergies/Limitations _____

OVER 18 and **VIRTUS** or **SAFE HAVEN** trained: _____ YES

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 _____