



SAINT LUCY VACATION BIBLE CAMP 2016 REGISTRATION



DATE: _____

Early Registration: \$75 through April 30th . After: \$95 no later than June 15th

Fee Includes: supplies, snacks, t-shirt & 1 CD per Family

Please print clearly

Camper 1: (First, Last) _____ Age _____ Birth Date _____

Grade in Fall _____ School _____ **T-Shirt Size** Youth: S M L XL Adult: S M *Please circle*

Any Health Issues/Allergies _____ Date of Last Tetanus _____

Camper 2: (First, Last) _____ Age _____ Birth Date _____

Grade in Fall _____ School _____ **T-Shirt Size** Youth: S M L XL Adult: S M *Please circle*

Any Health Issues/Allergies _____ Date of Last Tetanus _____

Camper 3: (First, Last) _____ Age _____ Birth Date _____

Grade in Fall _____ School _____ **T-Shirt Size** Youth: S M L XL Adult: S M *Please circle*

Any Health Issues/Allergies _____ Date of Last Tetanus _____

Doctor's Name: _____ Phone _____

Parent's/Guardian Name (First, Last) _____ Home Phone _____

Cell _____ Address _____ City _____ State _____ Zip _____

E-mail _____ Parish _____

Emergency Contact Name (Other than Parent): _____ Relationship _____ Phone _____

Medical Authorization: California Civil Code 25.8 provides that a parent/guardian may authorize an adult into whose custody their child is entrusted, to consent to necessary medical treatment. Pursuant to these provisions, I the undersigned do hereby authorize St. Lucy Parish to procure medical, or hospital care for the above named child in the event of injury or illness while the child is participating in Vacation Bible Camp at St. Lucy Parish. It is understood that this authorization is given in advance of any specific care required but is given to provide consent to diagnosis, treatment, or hospital care which a physician may in the exercise of his/her best judgment deem advisable. The undersigned will assume financial responsibility for any care so procured.

Parent/Guardian Signature _____ **Date** _____

Photo Release: I hereby give St. Lucy Parish permission to use photographs taken during VBC of my child in all forms and media, and in all matters including composite representation for lawful purposes. No camper personal identifiers will be used. I waive my right to inspect or approve the finished version/s, including written copy that may be created in connection therewith.

Parent/Guardian Signature _____ **Date** _____

I DO NOT GIVE PERMISSION for photographs of my child to be used.

OF CAMPERS _____ x REGISTRATION FEE = \$ _____ \$75 if turned in by April 30th, \$95 after. \$30 for child of adult volunteer**

OPTIONAL

*VBC T-Shirt \$8⁰⁰ each: # of T-shirts _____ x \$8 = \$ _____ **#/Size:** YOUTH ___S___M___L___XL ADULT ___S___M___L___XL

Extra MUSIC CD \$5⁰⁰ each: # of CD's _____ x \$5 = \$ _____

Donation for camp expenses and scholarships \$ _____

Payment options:

◆ Check payable to "St. Lucy Parish" Attn. VBC 2016

◆ Cash (*exact change please*)

◆ Credit Card available in the parish office

*T-Shirt for Adult Volunteers or extra for Camper

**Please contact Erika for more information at (408) 738-2464x104 or ealcaraz@dsj.org