



Teen

Volunteer Registration

Monday thru Friday, August 2nd – 6th, 2010

9:30 AM to 1:00 PM

Saturday, August 7th 2-5 PM

with Closing Ceremony at the Parish BBQ at 3:00 PM



PLEASE PRINT

Volunteer _____ Grade _____ Age _____ Religion _____
Last Name First Name

Address _____ City _____ State _____ Zip Code _____ T-Shirt Size _____

English Speaking Yes No Other Language(s) _____ Male Female

Home Phone# _____ Father's Work # _____ Mother's Work # _____

Emergency # _____ Name/Relationship _____

Email _____

Father or Legal Guardian _____ Religion _____
First Last

Mother or Legal Guardian _____ Religion _____
First Last

Is there a medical condition, food allergy, allergy, learning or physical disability we should know about? If yes, please explain noting which child condition pertains to. Yes No

Please indicate in what areas you would like to volunteer in:

Name _____

Have you served in VBS before? _____ If yes, what year? _____

- Crew Leader Station Leader Video/Pictures Outside Activities Drama
- Snack _____assist _____bring Set Up on Sunday 8/1 Clean Up on Fri. 8/6 _____ or on Sat. 8/7 _____
- Games Music Crafts Registration Set Decoration Set Construction

Please fill out permission form on the other side.



SAINT VINCENT DE PAUL CATHOLIC CHURCH

Iglesia Católica de San Vicente de Paúl

8345 Talbert Ave. Huntington Beach, CA 92646-1599 (714) 842-3000 Fax (714) 842-6780

RELIGIOUS EDUCATION & DIOCESE OF ORANGE

STUDENT PERMISSION & RELEASE FORM

I here by consent to (Child)_____ Age_____ participating in the Faith Formation Program, Vacation Bible School, High Seas Adventure, at Saint Vincent de Paul Church, August 2-6, 2010, 9:30 AM to 1:00 PM, Saturday, August 7, 2010, 2:00 – 5:00 PM.

I, the Parent (guardian) of the above named child, hereby give my permission for his/her participation in the above named activities. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for these activities.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporate Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by negligence, active or passive, of any of entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive of the parish, school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any right to compensation or any right that I otherwise might have to limit or to control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff. If there are any questions please call at 842-3000.

Parent or Guardian Name (Print) Parent or Guardian (Signature) Date

Address City, State, Zip

Home Telephone Office Telephone Physician Telephone

Family Physician Insurance Company Policy No.

Allergies/medical problems/disabilities

Person other than Parent to notify in case of an Emergency:

Name Relationship Telephone

Make Checks Payable to S.V.D.P. (Saint Vincent De Paul)
DEPOSIT AND/OR FEES WILL RESERVE YOUR SPACE AND IS NOT REFUNDABLE.

Please fill out one permission form for each child