

I request that my child(ren)/youth, _____, be permitted to participate in the Holy Family Parish Vacation Bible School Program at Holy Family Parish.

If a medical emergency involving my child(ren)/youth should arise during the event, I understand that I will be contacted as soon as reasonably possible, and I authorize the archdiocesan office, parish, and its staff and volunteers to obtain medical treatment for my child(ren)/youth. I understand that if my child(ren)/youth requires medication, the prescription medication will be in original containers and securely stored with the approved group leader. The medication will be self-administered by my child(ren)/youth or by me – staff and volunteers will not apply or dispense medication.

In consideration of my child(ren)/youth being permitted to attend the event, I, on behalf of myself, my child(ren)/youth, and our respective heirs, executors, administrators, and assigns, do hereby release the Archdiocesan Office, Holy Family Catholic Parish, and its staff and volunteers participating at the event (collectively, the “Releasees”), from any claims, demands, or actions arising out of any loss, injury, or damage to my child(ren)’s/youth’s person or property at the event, notwithstanding that any such loss, injury, or damage may have arisen by reason of the negligence of the Releasees.

I understand that Holy Family Parish may take photographs, video recordings, and audio recordings of the participants at the event, including my child(ren)/youth, and I authorize the parish to do so. I further authorize the parish to use or publish any such images or recordings in its sole discretion. I understand that my child(ren)/youth shall be required to abide by all the rules of the event, which will be provided to him/her, and that my child(ren)’s/youth’s failure to follow these rules may result in my child(ren)’s/youth’s immediate dismissal from the event at my expense.

Parent/Guardian’s signature: _____

Date: _____



HFP

VBS SUMMER CAMP 2016



**JOIN US FOR A WEEK OF FAITH AND FUN AS WE EMBARK
ON A JOURNEY AROUND THE WORLD WITH THE SAINTS**

For Kids aged 4-11

Who: Pre-school to Grade 6

Some responsible/mature Grade 7's (Age 12) and older can help as junior leaders if interested. We cannot guarantee that there will be room for everyone so please contact us early.

There will be toddler care for the younger children of volunteer parents to offer a more feasible way to volunteer.

What: Join us for "A Radical Ride on the Wings of Prayer" as we takeoff "with Amazing Angels and Super Saints" in a journey throughout the world. Buckle up as you prepare to learn some awesome lessons about prayer and how to put it into action! This is a Cat. Chat. Based program that brings a greater understanding to our faith drawing on the special gifts and tools that it treasures, such as the Saints. We encourage you to join us each morning for Mass at 9:00am with registration to follow at 9:45am and run until about 2:00pm in the afternoon. The day will include games, crafts, music, skits, and other fun activities. There will be a morning snack that is provided by the church. Children are asked to bring their own peanut free bagged lunch. On the last day of the week please come dressed as your favourite Saint.

When: There are two weeks to choose from. Please note that both weeks will offer the same programming and are to accommodate as many children as possible. The two scheduled weeks are July 11th-15th and August 8th-12th.

Where: Holy Family Parish, 75 Poirier Avenue, St. Albert.

Cost: Early Bird Rates

(Early Bird deadline is Wednesday, July 6th at Noon for the July week and Wednesday August 3rd at Noon for the August week)

Individual \$35 for the week

Family of 3 (same household) \$85 for the week

4 or more (same household) \$110 for the week

July 7-15 and Aug 4-12 Rates

Individual \$50 for the week

Family of 3 (same household) \$100 for the week

4 or more (same household) \$125 for the week

Daily rate is \$15 per day

Please contact Nicole Painchaud at **780-459-3694** or **youthprograms@holyparish.ca** for any questions.

Please make cheques payable to **Holy Family Parish**.

Please detach this form and return with payment to the parish office.

Family Name: _____

Participants Name(s): _____ **Age:** _____

Participants Name(s): _____ **Age:** _____

Participants Name(s): _____ **Age:** _____

Please circle which week you are registering for:

July 11-15 or August 8-12

Address: _____

Phone Number: _____

E-mail: _____

Emergency Contact: _____ **ph.** _____

Alberta Health Care # _____

Please note any allergies and/or medical conditions we should be made aware of: _____

Are you able to assist with leading a group, activity, or childcare for toddlers? Yes or No

If yes which days? Monday, Tuesday, Wednesday, Thursday, Friday

If the person picking up your child(ren) is different than the person who dropped off your child(ren) please provide the name(s) of the person(s) who will be picking up your child(ren): _____

- I give permission for my child(ren) to sign themselves out at the end of each day's program. (Available for children Grade 4 and up)
- I give permission for my child(ren) to receive bug spray for outdoor games if conditions warrant.