

St. Christopher Vacation Bible Camp: Camper Registration

Camper Registrations due February 3-5, 2012 : Camp maximum 150

Camp Location: St. Leo's 1051 W. San Fernando St., San Jose, Ca. 95126

Camp Dates: June 25-June 29, 2012

Camp Times: 9:00am to 12:00pm (Monday-Friday); Friday Family BBQ 12:00pm-3:00pm

Name of Camper #1: _____ T-shirt Size: YS YM YL YXL

Age of Camper #1: _____ Grade Entering in the Fall: Pre-K K 1 2 3 4 5

Name of Camper #2: _____ T-shirt Size: YS YM YL YXL

Age of Camper #2: _____ Grade Entering in the Fall: Pre-K K 1 2 3 4 5

Name of Camper #3: _____ T-shirt Size: YS YM YL YXL

Age of Camper #3: _____ Grade Entering in the Fall: Pre-K K 1 2 3 4 5

Parents Names: _____ Email: _____

VBC is a 100% volunteer run camp, we are only as successful if we have help, so please volunteer. I would like to volunteer for VBC: week of camp* with children OR behind the scenes.

* As a volunteer the week of VBC, I will need child care for my child(ren). # _____ Ages: _____

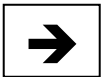
Parent's: Day Phone: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Enclosed is a check for \$75.00 per camper listed on this registration form.

Total enclosed: \$ _____ Please make checks payable to St. Christopher Religious Ed..

Vacation Bible Camp Medical Release



Medical Authorization: California Civil Code 25.8 provides that a parent/guardian may authorize an adult into whose custody their child(ren) is(are) entrusted, to consent to necessary medical treatment. Pursuant to these provisions, I (we) the undersigned do hereby authorize St Christopher Parish to procure medical, or hospital care for the above named child(ren) in the event of injury or illness while the child(ren) is(are) participating in Vacation Bible Camp. 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. Christopher Parish permission to use photographs taken during VBC of my child(ren), 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. To be used in Spotlight Drama each day of Camp.

Parent/Guardian Signature _____ Date _____

I DO NOT GIVE PERMISSION for photograph(s) of my child(ren), to be used.

Emergency contact persons:

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

List any allergies, medications or other medical information needed in an emergency situation for your child(ren). _____

Camper registration opens February 3. Drop off registration available ONLY at St Christopher's Antique Show Feb 3-5, in labeled drop box. All other registration forms will be accepted by mail to the following address: Amy Corbett at 1255 Clark Way, San Jose Ca 95125