

# SUMMER VACATION BIBLE SCHOOL REGISTRATION 2019



## HOSTED BY THE CATHOLIC COMMUNITY OF PLEASANTON

**WHEN:** JUNE 17<sup>th</sup> – 21<sup>st</sup>, 2019  
9:00am-12:30pm

**WHERE:** ST. AUGUSTINE HALL, 3999 Bernal Ave., Pleasanton, CA

**WHO:** CHILDREN CURRENTLY IN GRADES Preschool-5th (school year '18-'19)  
Preschool offered (age 4 by July 1<sup>st</sup>) –limited space  
Free childcare (3 years and under) in hall for volunteers.

**WHAT:** Welcome to Roar VBS – This summer's *mane* event! This epic African adventure engages the whole herd. At Roar, kids explore God's goodness and celebrate a ferocious faith that powers them through this wild life.

**FEE:** **\$75.00 per child (\$225 maximum per family)**

To register, please complete all pages attached including emergency information and Permission Form. We accept cash, check or credit card. If paying by credit card please contact Sharon Hanson at 474-2771 to make a payment. Other forms of payment may be mailed to:

**CCOP FAITH FORMATION OFFICE  
VBS Registration  
3999 Bernal Ave.  
Pleasanton, CA 94566**

If there is a financial hardship, please check the box on the registration form. No child will be turned away for a financial reason. We will contact you regarding assistance.

**FORMS MUST BE POSTMARKED NO LATER THAN MAY 10<sup>TH</sup>.**  
**QUESTIONS??** Please call Sharon Hanson, VBS Registrar at 474-2771 or email her at [shanson@catholicsofpleasanton.org](mailto:shanson@catholicsofpleasanton.org)

**2019 VBS REGISTRATION FORM - PLEASE COMPLETE ALL 3 PAGES  
ONE FORM PER FAMILY**

**PARTICIPANTS' INFORMATION (PRE-K THROUGH 5<sup>TH</sup> GRADE ONLY)**

(Please print clearly and use the name your child likes to go by)

1. **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Current Grade** \_\_\_\_\_ **Age as of June 1st:** \_\_\_\_\_ **School Name** \_\_\_\_\_  
**Gender** (check one):  **F**  **M** **Shirt Size** (check one)\*:  **XS**  **S**  **M**  **L**  **XL**  
**ONE** friend to partner with this child (optional): \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Current Grade** \_\_\_\_\_ **Age as of June 1st:** \_\_\_\_\_ **School Name** \_\_\_\_\_  
**Gender** (check one):  **F**  **M** **Shirt Size** (check one)\*:  **XS**  **S**  **M**  **L**  **XL**  
**ONE** friend to partner with this child (optional): \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Current Grade** \_\_\_\_\_ **Age as of June 1st:** \_\_\_\_\_ **School Name** \_\_\_\_\_  
**Gender** (check one):  **F**  **M** **Shirt Size** (check one)\*:  **XS**  **S**  **M**  **L**  **XL**  
**ONE** friend to partner with this child (optional): \_\_\_\_\_

**\*Youth Shirt Sizes are: XS (4-6) S (6-8), M (10-12), L (14-16), XL (18-20) (Allow for shrinkage)**

**PARENTS'/GUARDIANS' INFORMATION**

Mother's Name:	Work/Cell Ph #:
Father's Name:	Work/Cell Ph #:
Email Address (required):	2 <sup>nd</sup> email:
Street Address:	Home Ph #:
City, ST. Zip:	

**OTHER INFORMATION**

<p align="center"><b>WE CAN'T DO IT WITHOUT YOU!</b></p> <p><b>There are so many exciting opportunities to be a part of Vacation Bible School this year. From Crew Leaders to games to kitchen help, we need you all!</b></p> <p><b>Please go to <a href="http://www.catholicsofpleasanton.org">www.catholicsofpleasanton.org</a> and click on the "Vacation Bible School" link for volunteer opportunities and descriptions. All volunteers are asked to use the online sign-up form on the website.</b></p>	<p>*Total fee enclosed :\$ _____                  (\$75 per child with \$225 per family maximum)</p> <p><b>Make checks payable to CCOP. May be post-dated up to May 10th.</b></p> <p>*Financial hardship? <input type="checkbox"/> YES <input type="checkbox"/> NO (No one will be turned away for financial reasons).</p>
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I hereby (circle one) **GRANT/ DECLINE** permission for my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of CCOP.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**Diocese of Oakland**  
**Office of Youth and Young Adult Ministry**  
**PARENTAL PERMISSION, HEALTH AUTHORIZATION & RELEASE FORM**  
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child (ren)'s Name(s) \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street, City, Zip)

School(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_ Birthdate(s) \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell or other number \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**ARTICLE I. HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician?    Yes        No

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_

**Please complete Allergy/Medication Form (on the website) to list all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given**

**PLEASE LIST ALL FOOD ALLERGIES:** \_\_\_\_\_

Has your child had difficulty with the following (List child's name and circle all that apply):

Asthma	Fainting Spells	Convulsions	Diabetes	Heart	Eyes
Ears	Nose	Throat	Lungs	Digestion	
Menstrual Problems		Other _____			

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_

Allergy or reaction to any medication? (List child's name)    No        Yes, List \_\_\_\_\_

State the date of your child(ren)'s last physical examination: \_\_\_\_\_

**(COMPLETE BACK OF FORM)**

**PARENTAL PERMISSION AND ACKNOWLEDGEMENT OF  
Conditions for Participation in Program**

I/we, parent(s) or authorized guardian of the child (ren) named above give permission for his/her participation in the **Vacation Bible School Program (June 17-21, 2019) at St. Augustine's Hall, Pleasanton, CA**, and all related activities.

1. I/we agree to direct my/our child (ren) to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
2. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry program employees, agents or volunteers or other participants.
3. I/we understand that children participating in youth ministry activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above. Needs to be signed by at least one Parent or Guardian.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian