

*St. Therese of Lisieux*

*St. Francis of Assisi*

*Our Lady of Guadalupe*

*St. John Paul II*

*St. Teresa of Calcutta*

# Holy Spirit Parish Summer Bible Camp 2019

## *“Cloud of Witnesses”*

**Monday, June 17<sup>th</sup> through Friday, June 21<sup>st</sup>, 2019  
9:00 a.m. to 12:00 p.m. • Hanley Hall**

Children ages 4-10 are invited to a fun adventure through the Bible with a “Cloud of Witnesses” who modeled Jesus here on earth and are now in the joy of heaven. We will travel the world touring Europe, Mexico, and India while taking daily excursions to Biblical Israel. The children will discover the great love these wise Saints have for God and how they expressed their love for Him in simple yet heroic ways by simply loving others. Come prepared to experience the wisdom of the Saints in a fun-filled week of bible stories, songs, dance, yummy snacks, crafts, games, and joyful laughter. The adventure begins Monday, June 17<sup>th</sup> through Friday, June 21<sup>st</sup>, from 9:00 a.m. - 12:00 p.m. Parents are invited to the children’s performance on Friday, June 21<sup>st</sup> at 12:15 p.m. Please call (480)838-3479 for further information.

**Cost: \$25 per child or \$40 per family**

*Registration forms are available on the parish website: [holyspirit-tempe-az.org](http://holyspirit-tempe-az.org), in the brochure holders in the back of the church, or stop by the Religious Formation office.*

# Holy Spirit Catholic Church 2019 Summer Bible Camp

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Family Last Name

\_\_\_\_\_  
Father's First Name

\_\_\_\_\_  
Mother's First Name

\_\_\_\_\_  
Father's Cell Phone

\_\_\_\_\_  
Mother's Cell Phone

Email Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact Name and Cell Phone: \_\_\_\_\_

Allergies & or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
Please list any medical conditions or special considerations we should know for your child. Please also list any medications that need to be administered during the program. If you have more than one child, please indicate which child has the medical conditions.

\_\_\_\_\_  
I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Spirit Catholic Church, its officers, directors, employees and agents and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith and I agree to compensate the parish, its officers, directors and agents and the Diocese of Phoenix, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese.

\_\_\_\_\_  
I request that the above named participant be allowed to participate in Summer Bible Camp with Holy Spirit Catholic Church. In the event of an illness, I request that the designated volunteer or staff member obtain medical treatment on my behalf for my child if we, or the emergency contact person, cannot be reached. Prescription medication will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well-being of my child and that I will be contacted immediately in case of emergency or accident. I will not hold Holy Spirit Catholic Church, the Diocese of Phoenix, the chaperones, coaches, volunteers or the Youth Minister responsible for any accident or injury.

\_\_\_\_\_  
I authorized that appropriate pictures of my child may be taken during youth group activities. I hereby grant the use of the release to the Catholic Diocese of Phoenix and Holy Spirit Catholic Church the use of my child's name or likeness, whether in still, motion pictures, audio and video tape, my child's photograph and/or other reproduction of him/her including his/her voice and features with or without his/her name for any promotional purposes involving the diocese or parish/school, news or feature stories in The Catholic Sun or other media, including the internet and/or world wide web, or other purpose whatsoever, except for the endorsement of any commercial products. These items may be used without limitation or reservation of any fee.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date