



- QUE:** *La increíble carrera de escuela bíblica de vacaciones (VBS)*
- DONDE:** *En la Iglesia de Saint William's*
- CUANDO:** *17 al 21 de Junio de 2019 de 9:15 a.m. ~ Mediodía*
- PARA:** ***Niños de 3 años hasta el grado 6 en el Otoño***  
*3 y 4 años es un programa con los Padres*  
*Kinder es para niños que cumplan 5-años antes de Junio 17*  
*Grado 7 sera supervisado por adultos voluntarios "Tour Guides"*
- COSTO:** *\$30.00 para Preescolar ~ grado 6*  
*\$ 15.00 (precio medio) para voluntarios y sus familias*  
*\$ 10.00 solo camiseta*
- ADEMAS:** *Para garantizar la inscripción y una camiseta, regístrese antes del 3 de Junio. El registro se puede hacer en línea web en [www.stwilliamsvbs.myanswers.com](http://www.stwilliamsvbs.myanswers.com). Los pagos se pueden llevar a la oficina de St. William's o se pueden pagar en línea web en [stwilliams.org](http://stwilliams.org).*

*Si su hijo quiere estar en la misma clase que su amigo que está en el mismo grado, favor de especificar en la forma del registro. También anote si tiene alergias.*

Para mas informacion:  
e-mail Rachael: [faithformation@stwilliams.org](mailto:faithformation@stwilliams.org) o llame @ 466-0849.  
*Una familia, una carrera, un salvador*

## ***Una familia, Una carrera, Un salvador***

### ***La Carrera Increible VBS 2019***

(Una forma por persona, El Permiso esta a traves de esta forma. **Favor de firmar**)

Nombre: \_\_\_\_\_

Apellido: \_\_\_\_\_

Edad: \_\_\_\_\_ Genero: Masculino \_\_\_\_\_ Femenino \_\_\_\_\_ Grado: \_\_\_\_\_

Talla-camiseta (indique niño o adulto): Niño:XS,S,M,L; Adulto:S,M,L,XL,XXL \_\_\_\_\_

Alergias: \_\_\_\_\_

Problemas Médicos o Necesidades Especiales: \_\_\_\_\_

Seria bueno si mi hijo sea puesto en el mismo grupo de (nombre del niño): \_\_\_\_\_

\*Nombre del Padre: \_\_\_\_\_

Asistir con mi niño de edad 3-4: Si \_\_\_\_\_

\*Domicilio: \_\_\_\_\_

\*Ciudad: \_\_\_\_\_ \*Estado: \_\_\_\_\_ \*Codigo Postal: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Telefono #: \_\_\_\_\_ Otro Teléfono #: \_\_\_\_\_

Contacto de Emergencia: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Nombre de persona alternativa: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Area de voluntario preferida: Guia Adulto/ Guia Jr. / Drama / Artesanía /Aperitivos/ Juegos/ Otro \_\_\_\_\_

Edades Preferidas (circule): Preescolar-Kinder / 1-2 (grado)/ 3-4(grado) / 5-6(grado) / Abierto

Dias Disponible (circule): Lunes / Martes / Miércoles / Jueves /Viernes/Todos

Estoy disponible para ayudar a instalar el Viernes, Junio 14 a 6:00 p.m. Registro gratis para aquellos que ayuden a preparar! Nombre: \_\_\_\_\_

Estoy disponible para ayudar con la limpieza el Viernes, Junio 21 al mediodía: Nombre: \_\_\_\_\_

COSTO: \$30.00 para Preescolar ~ grado 6  
\$15.00 para los voluntarios y sus familias: ayuda durante la VBS, a instalar el 14 de Junio o con la limpieza el 21 de Junio

**Se proporcionará una comida al final de VBS el Viernes**  
**Número de no estudiantes que asistirán al almuerzo (ej. Padres, hermanos): \_\_\_\_\_**

**Nombres:** \_\_\_\_\_

**Office Use Only: Date Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_ Initial: \_\_\_\_\_**

**Dioeisis de Monterey Parroquia de St. William's consentimiento de fotos:** I give my permission for photographs depicting my child/ren or me to be included on the St. William's Parish website and or publications. I hereby grant to St. William's Parish the

irrevocable right and permission to use the photographs in which I or my children may be included with others, the following rights: 1. The right to use and reuse the photographs in whole or in part in any medium or form of distribution for the purpose of publicizing St. William's Parish; such as Parish Bulletin, brochures and posters, press releases and website, and, 2. The right to copyright the photographs in St. William's Parish's name. I hereby forever release and discharge St. William's Parish and the Diocese of Monterey for any and all claims, actions, and damages arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. Yes \_\_\_\_\_ No \_\_\_\_\_  
Initial \_\_\_\_\_

**DIOCESE OF MONTEREY PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM FOR PARISH/SCHOOL ACTIVITIES and EVENT: St. William's Parish Maker Fun Factory Vacation Bible School.** To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise. This agreement releases the ROMAN CATHOLIC BISHOP OF MONTEREY, CALIFORNIA, A CORPORATION SOLE, also known as the DIOCESE OF MONTEREY which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY. As the parent or legal guardian of the above registered persons identified throughout this form, I hereby give my permission for my child/ren to participate in St. William's Faith Formation Ministries. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity. In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns. In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating relating to the above named activity. I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY. My child/ren is/are physically fit and capable of participation in this programs events. I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable. I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283. This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned programs and shall remain effective until the minor/s returns from the programs and is/are no longer under the supervision of the DIOCESE OF MONTEREY. \*\*\*\*\* This waiver and release form allows my child/ren to participate in the above named programs for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance. I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

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Imprimir Nombre (Padre si es menor de edad)

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Firma (Padre si es menor es menor de edad)

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Fecha