



WHAT: *The Incredible Race Vacation Bible School*

WHERE: *Saint William's Church*

WHEN: *June 17-21, 2019 from 9:15 AM ~ Noon*

FOR: ***Children 3 years old through 6th grade in the fall***

3 & 4 year old is a Parent-n-Me Program

Kindergarten is for children 5-years old before June 17th

7th grade through adult volunteer "Tour Guides"

COST: *\$30.00 for Preschool ~ 6th grade*

\$15.00 (half price) for volunteers and their families

\$10.00 T-shirt only

ALSO: *To ensure enrollment and a t-shirt, register by June 3rd.*

Registration may be done online at www.stwilliams.org Payments can be brought to the St. William's office or paid online at www.stwilliams.org.

If your child would like to be in a class with a friend who is in the same grade, please specify on registration form. Also note allergies.

For more information:

e-mail Rachael: faithformation@stwilliams.org or phone @ 466-0849.

One Family, One Race, One Savior

The Incredible Race VBS 2019

(One form per person, Permission **MUST** be signed)

First Name: _____

Last Name: _____

Age: _____ Gender: Male _____ Female _____ Grade entering: _____

T-Shirt Size (indicate youth or adult): Child:XS,S,M,L; Adult:S,M,L,XL,XXL _____

Allergies: _____

Medical Issues or Special Needs: _____

It would be nice if my child is placed in same group as (child's name): _____

*Parent Name: _____

Attending with my child age 3-4: Yes _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____

*Primary Phone #: _____ Other Phone #: _____

Additional Emergency Contact: _____ Phone: _____

Alternate Pickup Name: _____ Phone: _____

Volunteer Area Preferred: Adult Guide Jr. Guide Drama Craft Snacks Games Other _____

Ages Preferred (check): Preschool-Kindergarten 1st-2nd 3rd-4th 5th-6th Open

Days Available (check): Monday Tuesday Wednesday Thursday Friday ALL

I am available to help with set-up on Friday, June 14th at 6:00 p.m (50% discount to volunteers & their families!) Name: _____

I am available to help clean-up and take down tents on Friday, June 21 at noon: Name: _____

COST: *\$30.00 for Preschool ~ 6th grade*
\$15.00 for volunteers and their families: help during VBS, with set up June 14, or with clean-up June 21

A luncheon will be provided at the end of VBS on Friday
Number of non-students attending luncheon (ex. parents, siblings): _____

Names: _____

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

Diocese of Monterey St. William's Parish Photo Release: 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 child/ren 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 Incredible Race 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 xray 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 abovementioned 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).

Printed Name (Parent if minor)

Signature (Parent if minor) Date _____

