KIDS & JESUS KIDS	Vacation Bible School! St. Thomas More Parish, Edmonton, AB. July 8 - 12, 2019 (9 am - 12 pm) Vacation Bible School: ages 5 – 10 (must be 5 by July 1st)
Child's Name:	
Date of Birth: Age	Gender:
Parent/Guardian Name:	
Street address:	Postal Code:
Phone numbers:	/E-mail address:
Name of School:	Grade Completed
Sacraments received: Baptism Y	<u>/ N</u> Reconciliation $\underline{Y / N}$ Holy Communion $\underline{Y / N}$
Does your child have any special n	needs, allergies and/or other medical conditions that we need to be aware of:
Emergency contact:	
Phone number:	Relationship to child:
Please make cheques payable to "St. TI	homas More Parish" (\$50.00) Paid Cheque #:
Signature of parent/	guardian
***********	***************************************
Volunte	er Form - VBS is run entirely by volunteers.
If you are able, please volunte	er for one of the following (circle one):
Group Leaders – along with other lead Assistant Group Leaders – along with and moves with them from station to statio Mass Planners – along with others pla Party Planners – along with others pla Song/Captain Leader – enthusiastic to teach and guide the youth in the particip Decorating – prepares and decorates to	ans and organizes Mass for the last day of VBS ans and organizes party on the last day of VBS ally leads children in action songs with music provided & lead alongside other Captain Leader
-	ronments & Abuse Prevention Program," all volunteers must meet the requirements policy and procedure: Attend "Called to Protect Workshop", complete Volunteer

outlined in the Volunteer Management policy and procedure: Attend "Called to Protect Workshop", complete Volunteer Information form; sign the Covenant of Care form; provide a Police Information Check (PIC) and Intervention Check. This will be completed prior to VBS.

ST. THOMAS MORE PARISH

210 Haddow Close Edmonton, AB T6R 2P3 Phone: (780) 434-6313 Fax: (780) 438-2088

Participant Agreement and Release of Liability Form - Appendix 363A

I request that my child/youth

Name of child

Be permitted to participate in the Catholic Archdiocese of Edmonton

VACATION BIBLE SCHOOL (ages 5 – 10) St. Thomas More Parish, Edmonton, AB.

On

July 8 – 12, 2019

I understand that the event will include:

Prayer time, Participating in Craft, Game, Snack, Song and Catechesis (Missionary in Motion) Activity Stations, Adoration, Mass and attending the VBS Party

If a medical emergency involving my child/youth should arise during the activity/event/excursion, I understand that I will be contacted as soon as reasonably possible, and I authorize **St. Thomas More Parish Family Coordinator and Vacation Bible School Coordinator**, and its staff and to obtain medical treatment for my child/youth, and to consent to medical treatment on behalf of my child/youth.

I understand that if my child/youth requires medication, the prescription medication will be in original containers and securely stored with the approved **Family Coordinator**. The medication will be self-administered by my child/youth, or by me – staff and volunteers will not apply or dispense medication.

In consideration of my child/youth being permitted to attend the **St. Thomas More Vacation Bible School** – I, on behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release the **Family Coordinator**, **Vacation Bible School Coordinator**, a **Volunteer Group Leader** participating at the **St. Thomas More Vacation Bible School** (collectively, the "Releasees"), from any claims, demands, or actions arising out of any loss, injury or damage to my child's/youth's person or property at the **St. Thomas More Vacation Bible School**, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

I understand that the **St. Thomas More Vacation Bible School** may take photographs, video recordings, and audio recordings of the participants at the **St. Thomas More Vacation Bible School program**, including my child/youth, and I authorize the **Family Coordinator**, **Vacation Bible School Coordinator**, **Volunteer Group Leaders** to do so. I further authorize the **Family Coordinator**, **Vacation Bible School Coordinator**, **Volunteer Group Leaders** to use or publish any such images or recordings in its sole discretion.

I understand that my child/youth shall be required to abide by all of the rules of the **St. Thomas More Vacation Bible School program** which will be provided to her, and that my child's/youth's failure to follow these rules may result in my child's/youth's immediate dismissal from the **St. Thomas More Vacation Bible School** at my expense.

Print Name of Parent / Guardian



Signature of Parent / Guardian

Date (day/month/year)