



# SANTA TERESA PARISH VACATION BIBLE CAMP

July 27, 2020 to July 31, 2020

9:00 a.m. to 12:30 p.m.

**Fees: Early Registration \$75/\$45 each additional sibling until April 13<sup>th</sup>  
\$85/\$50 after and no later than July 10<sup>th</sup>**



Diocese of San Jose \_\_\_\_\_

RISK & INSURANCE MANAGEMENT

## Camper Activity Waiver Form On-Site at Parish

### General Liability

<b>PARISH/SCHOOL INFORMATION</b>	
<b>Location Name:</b> Santa Teresa Catholic Church	<b>Location #</b> 234
<b>Location Address:</b> 794 Calero Avenue, San Jose, CA 95123	<b>Telephone:</b> 408-629-7777
<b>Contact Name:</b> NICOLE RUIZ / NANCY ROYAL	<b>Facsimile:</b> 408-629-5260
<p>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND COPY FILES WHEN A STUDENT PARTICIPATES IN AN ACTIVITY SPONSORED BY THE PARISH. REFER ANY QUESTIONS TO RISK &amp; INSURANCE MANAGEMENT TELEPHONE: 408-983-0250/FACSIMILE: 408-983-0271</p>	

<b>STUDENT PERSONAL INFORMATION</b>	
<b>Student Name:</b>	<b>Age:</b>
<b>Grade starting in Fall:</b>	
<b>Home Address:</b>	<b>Home Telephone:</b>
<b>Name of Mother/guardian:</b>	<b>Cell Telephone:</b>
<b>Home Address of mother/guardian:</b>	
<b>Email Address:</b>	
<b>Name of Father/guardian:</b>	<b>Home Telephone</b>
<b>Home Address of father/guardian"</b>	<b>Cell Telephone:</b>
<b>Email Address:</b>	
<b>Emergency Contact Name:</b>	<b>Telephone:</b>
<b>Emergency Contact Name:</b>	<b>Telephone:</b>

<b>Name of Primary Physician:</b>	
<b>Address of Primary Physician:</b>	<b>Telephone:</b>
<b>Name of Dentist:</b>	

\*\*\* FILL OUT ONE APPLICATION FORM PER CHILD \*\*\*

**PLEASE CONTINUE AND SIGN ALL HIGHLIGHTED AREAS**

Revised 02/12/2020

CD REC'D

<b>Address of Dentist:</b>	<b>Telephone:</b>
<b>Medical Plan Name:</b>	<b>Policy Number:</b>
<b>Any known Allergies (<i>food or medication</i>):</b>	
<b>Date of last tetanus shot:</b>	

<b>**** T-SHIRT SIZE: (Circle One) Youth SM MED LG X-LG</b>	
<b>Date of Activity:</b> July 27, 2020 to July 31, 2020	<b>Name of Activity:</b> Vacation Bible Camp
<b>Description of Activity:</b> Summer youth activity held at Santa Teresa Church – <i>on-site only</i>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

<b>WAIVER AUTHORIZATION</b>	
<b>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER</b>	
<p>I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE.</p> <p>I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</p> <p>IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.</p> <p>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</p> <p><b>Photo Release:</b> I hereby give Santa Teresa Parish permission to use photographs taken during Vacation Bible Camp (VBS) of my child, in all forms and media, and in all matters including composite representation for lawful purposes. No student personal identifiers will be used. I waive my right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I GIVE MY PERMISSION _____</p> <p>I DO NOT GIVE PERMISSION FOR PHOTOGRAPH(S) OF MY CHILD, TO BE USED _____</p> <p><b>Parent/Guardian Signature</b> _____ <b>Date</b> _____</p>	
<b>Internal Use Only</b>	
<b>Waiver Received By:</b>	<b>Date Received:</b>

**Person responsible for picking up this child at the end of each VBC day:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

\*\*\* FILL OUT ONE APPLICATION FORM PER CHILD \*\*\*  
**PLEASE CONTINUE AND SIGN ALL HIGHLIGHTED AREAS**

Revised 02/12/2020

CD REC'D

**Alternate Pick-up Person:**

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

You may drop off or mail your completed registration form and check to the Santa Teresa Church Office.

**MAKE CHECKS PAYABLE TO SANTA TERESA CHURCH.** We are open Monday through Thursday from 9:00 a.m. to 4:00 p.m. We are closed on Fridays. Our mailing address is 794 Calero Ave., San Jose, CA 95123. Our email address is [vbc@santateresachurch.com](mailto:vbc@santateresachurch.com) . Any questions call **408-629-7777**.

**THERE WILL BE NO REFUNDS**

\*\*\* FILL OUT ONE APPLICATION FORM PER CHILD \*\*\*

**PLEASE CONTINUE AND SIGN ALL HIGHLIGHTED AREAS**

Revised 02/12/2020

CD REC'D

## HEALTH AND MEDICAL RELEASE FORM FOR YOUTH

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish: **Santa Teresa Church**

City: **San Jose CA**

Is this participant in general good health and able to participate in all activities involved in this event? YES \_\_\_\_\_  
NO \_\_\_\_\_ (If no, please submit a statement indicating limitations or serious medical conditions.)

Date of most recent physical exam: \_\_\_\_\_ Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\*\*\*\*\*

Are there any known allergies to food or medications that those who work with your young person this week should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Are there any known physical, psychological or emotional limitations that would affect this young person's participation in this event? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Medicines:** \_\_\_\_\_

If any of the above is yes, please submit a statement of how the child has been treated and with what medication. Any medication not able to be self-administered must be listed.

Does the participant have any special dietary needs? If yes please list on reverse side of form.

\*\*\*\*\*

### **AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

I/We, the undersigned, parent(s) of \_\_\_\_\_ a minor, do hereby authorize as agent(s) **Parish staff or authorized adult chaperones** for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

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 our said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the **Santa Teresa Church**, or any of any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

\*\*\* FILL OUT ONE APPLICATION FORM PER CHILD \*\*\*

**PLEASE CONTINUE AND SIGN ALL HIGHLIGHTED AREAS**

Revised 02/12/2020

CD REC'D

I also, give my child permission to self-medicate except for medications which are listed on the back of this form. I understand that any medications so listed will be dispensed by the Director of First Aid for the **Vacation Bible Camp**

This authorization shall remain effective from **Monday, July 27, 2020 through Friday, July 31, 2020.**

Signature of parent(s)/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Telephone Number during Event \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Family Health Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_

(If possible please provide a copy of the insurance card)

## YOUTH BEHAVIOR CONTRACT

Everyone who attends **Vacation Bible Camp** is encouraged to participate actively and to behave appropriately so that all will have the chance to safely enjoy this special day of ministry!

1. **There will be respect for property** - Property of the ***Santa Teresa Church*** and surrounding areas should not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.
2. **There will be respect for the law** - There will be no non-prescription drugs or alcohol consumed or in any student's possession. There will be no physical abuse of others or inappropriate language. Fighting of any kind will not be permitted.
3. **There will be cooperation and participation** - Attending **Vacation Bible Camp** is a special privilege. We expect that all participants will take advantage of the opportunities of the day and participate fully in the activities. We also expect that all participants cooperate with the directions of the adult chaperones/leaders to promote a safe and enjoyable day.

Please remember that you are representing your parish and school by participating in this event. You are encouraged to take this responsibility seriously - your actions reflect the adults who sponsored you for this event and upon all of the participants of your parish or school.

If these guidelines are not adhered to, appropriate action will be taken. One possible action will be that the student(s) involved will have his/her parents or guardian called and will make arrangements for transportation home as soon as possible. In addition, there may be further consequences (*for example: destruction of property would require repayment of damages.*)

<b><u>I have read and understand these guidelines.</u></b>	
<b>Participant's Signature:</b>	<b>Date:</b>
<b>Parent or Guardian's Signature:</b>	<b>Date:</b>

\*\*\* FILL OUT ONE APPLICATION FORM PER CHILD \*\*\*

**PLEASE CONTINUE AND SIGN ALL HIGHLIGHTED AREAS**

Revised 02/12/2020

CD REC'D