

St. Edmond Catholic Church – VBS 2021 Rocky Railway



Camper Registration Form
July 12-16, 2021 8am-12pm

Anyone who has completed grades K-5 or at least 5 years old is invited to attend. **Registration fee is \$40.00 per child** and will be accepted **until all slots are filled. Only registration forms with registration fees will be processed.** Please fill out this form and attach payment made out to **St. Edmond Church.** Registrations may be brought to the office, mailed, or placed in the collection basket (in a clearly marked envelope). If mailing, please send it to:
St. Edmond Catholic Church, 4131 W. Congress St. Lafayette, LA, 70506
ATTN: Rosemary Benoit

We are looking forward to sharing this fun-filled week of faith with your children.

CHILD'S FULL NAME _____ Male/Female (*circle one*)
BIRTHDATE _____ AGE _____ COMPLETED GRADE (May '21) _____
T-SHIRT SIZE: (*check one*) _____ Youth Sm. _____ Youth Med. _____ Youth Lg.
_____ Adult Sm. _____ Adult Med. _____ Adult Lg.
ADDRESS _____ CITY _____ ZIP _____
PARENT'S NAME _____ HOME PH# _____
MOM'S WORK PH# _____ MOM'S CELL PHONE# _____
DAD'S WORK PH# _____ DAD'S CELL PHONE# _____
EMERGENCY CONTACT PERSON _____
EMERGENCY PHONE # _____ AMOUNT PAID _____
COMMENTS or SPECIAL NEEDS _____

Parents and older siblings (completing sixth grade and above) are encouraged to participate by volunteering their time and talents.

I WILL VOLUNTEER, and I HAVE COMPLETED A VOLUNTEER FORM.

Adults who teach throughout the week of Vacation Bible School, will be given 75% discount for one child; we ask that you pay just \$10 to help defray some of their costs.

FOR OFFICE USE ONLY:

_____ Date _____ Amt. Paid _____ Cash/CK _____ Contacted _____ Initial

GROUP: _____ **GRADE:** _____ **AGE:** _____

PLEASE COMPLETE SIDE 2.

ST. EDMOND CATHOLIC CHURCH
VACATION BIBLE SCHOOL 2021
4131 West Congress Street Lafayette, LA 70506
337-981-0874

Photo and Medical Release Forms

PHOTO RELEASE

I, the parent/legal guardian of _____,
grant my expressed permission for the St. Edmond Catholic Church's Vacation Bible School Volunteer Staff
to photograph my child while attending classes and/or participating in activities connected to our program.

___ Agree ___ Disagree I give permission for my child's photograph to be taken as per the above
referenced activity.

___ Agree ___ Disagree I give permission for Mrs. Rosemary Benoit to exhibit photographs of my child
taken at vacation Bible school, including digital images, and/or video and audio recordings each day.

Parents are invited to attend this closing presentation each day.

___ Agree ___ Disagree I give permission for pictures of my child in a group setting to be placed on the
St. Edmond's website, Instagram account, and/or Facebook page. Please note that no names of minors will be
listed with any photographs.

By signing this release, I acknowledge that I hereby release and forever discharge St. Edmond Catholic
Church and her employees/volunteers from and against any and all claims, damages or suits which may arise
from the use of these pictures taken during the 2021 Vacation Bible School for the above listed purposes.

Signature of Parent: _____ Date: _____

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ST. EDMOND CATHOLIC CHURCH SLIP/MEDICAL RELEASE

This is to inform you that _____ has my permission to attend and participate in
all St. Edmond Vacation Bible School activities on church property. I also understand that some activities
may require physical exertion, and I give my child permission to participate in any and all of such activities.

Signature of Parent: _____ Date: _____

I understand that not all campers and volunteers will be wearing face masks and do not hold St. Edmond
responsible for any Covid-19 related medical issues that may arise.

Signature of Parent: _____ Date: _____

ST. EDMOND CATHOLIC CHURCH MEDICAL CONSENT FORM

Permission is hereby granted to the person in charge during St. Edmond Vacation Bible School to call 911 for
ambulance and medical assistance for my child, _____, if deemed necessary.
Every precaution will be taken to prevent accident or injury, however in the event of accident or illness I will
assume financial responsibility for treatment of the above-named youth and not hold the Diocese of Lafayette,
St. Edmond Church and/or the adult chaperones financially liable.

Signature of Parent: _____ Date: _____