

Altaration!

“Mass is
so Boring~

Or is it?!”

Jr. High VBS

June 4-7, 2018
Monday-Thursday
6:00-9:00 PM

June 8, Friday-
Schlitterbahn
8:15 AM-5:30 PM

JR. HIGHERS (entering 6th-9th grade in the fall)

VOLUNTEERS (entering 10th grade thru adult)

Jr. High VBS is back! This year's theme is “Mass is so Boring ~ Or is it?!” “What is so special about our Mass, and why should I care?” Join us for fellowship, skits, music, the Word, games, food, and fun! Get to know your fellow St. Bernadette Jr. Highers! Enjoy a day at Schlitterbahn Galveston on Friday!

Absolute deadline for all registration materials is Tuesday, May 22, 2018

Registration costs: Make check out to St. Bernadette Church

(Includes dinner M-Th; T-shirt; take home items; Schlitterbahn - bus & entrance fee)

\$80 for St Bernadette Jr. Highers (those entering 6th-9th grade this fall)

\$100 for Jr High friends who are not members of St Bernadette

\$10 for Volunteers – to help cover t-shirt costs

Jr Highers (entering 6th-9th): Participant Registration, Fee, Parental Consent form, Medical Consent form.

Volunteers (entering 10th gr – adult)

Under 21 years old: Volunteer Registration form, Fee, Parental Consent form, Medical Consent form

21 years old and older: Volunteer Registration form, Fee, Key Leader/Medical form

All completed packets can be turned in via:

- 1) Office Receptionist (Hours: M-Th 8am-5 pm; Fri 8-4;
- 2) mailed to St. Bernadette Church, Jr. High VBS,
15500 El Camino Real, Houston, TX 77062

Blessings to you this summer,

Marianne Bartos

Director – Jr High Faith Formation, St. Bernadette Church

281-486-0337 x113

bartosm@stbchurch.org

**Archdiocese of Galveston-Houston
Office of Adolescent Ministry and Evangelization**

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name _____

Date of Birth _____

Home Address _____

City/Zip Code _____

Parent(s)/Guardian(s) _____

Home Phone (____) _____

Alternate Phone Number: (____) _____

Cell Phone or Work

Parish or Catholic School _____

Grade (fall 2018) _____ Age _____ Sex _____

Parent's Email Address _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child, (participant's name),
_____ to participate in (event) St. Bernadette JrHigh VBS to be held (date) June 4-7, 2018 from
6:00 p.m. - 9:00 p.m. at St. Bernadette Catholic Church, 15500 El Camino Real, Houston Texas, 77062 AND on June 8, 2018 8:15
AM - 5:30 PM at St. Bernadette AND at Schlitterbahn Galveston, 2109 Lockheed Street, Galveston, 77554

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant)

Date

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

I hereby Do Not Grant Permission for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

I hereby Grant Permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: [] Seizures [] Asthma Diabetic
Allergic reactions to the following (foods, dyes, latex etc.) _____
Has had a medical surgery within the last six months? [] Yes [] No Still under doctor's care? [] Yes [] No
Has a medically prescribed diet? _____
The following physical limitations? _____
Immunizations current and up to date: [] Yes [] No Date of last tetanus/diphtheria immunization _____
You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: [] No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age.

_____ Date

Signature (Participant 18 years of age or older must sign own consent)

_____ Date

For participants 21 years of age and older

Archdiocese of Galveston-Houston
Key Leader, Chaperone and Young Adult Assistant
Medical Release and Liability Form

21 years and older

I, _____, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Print Name _____ Date: _____

Address _____

City _____ Zip _____

Parish _____

Home Phone (____) _____ Work Phone (____) _____

Physician's Name _____ Phone (____) _____

(The following request is pertinent information if you rendered unconscious)

Date of Birth (including year): _____ Age: _____

Date of last Tetanus shot: _____

Please list **ALL** medical conditions / allergies / special health information including bouts with depression and anxiety:

Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance: Yes No

If Yes, Please provide the following information: Insurance Company: _____

Policy in the name of: _____ Policy Number: _____

Name of Emergency Contact: _____ Phone Number: (____) _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

X
Signature _____

In signing the line above I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adult chaperones, I understand that there will be consequences for my actions, which could include being asked to leave the event.