

faith
music
crafts



games
snacks
fun
prizes

CATHLETICS!

TRAINING TO BE CHAMPIONS FOR CHRIST



Who: Kids in K – Gr 5 this coming Fall

When: July 9th to 13th 2018

Time: 9:00 am – 12:00 pm

Cost: \$40 per child; \$100 per family

Registration Deadline: Sunday, June 10th

For more info, contact Patsy at:

vbs@holycathedral.ca



VBS 2018 Camper Registration

Dates: July 9th to 13th, 2018

Time: 9:00am-12:00pm

Cost: \$40/child \$100/family

Child's Information (One form per child please)

Name: _____

Sex (circle one): M F Age: _____ Grade starting in Fall: _____ (child must be starting K-5)

Allergies or medical conditions: _____

Health Card Number : _____

Preferential placement with peers must be noted here: _____

Family Information

Parent/Guardian Name(s): _____

Address: _____ Email: _____

Phone Home: _____ Work: _____ Cell: _____

For the protection of your children, youth volunteers and all vulnerable persons, the Saskatoon RC Diocesan "Covenant of Care Policy" does require two Adults at each of the five VBS stations each day.

- **YES, I CAN** or **NO, I CANNOT** attend VBS as an Adult Station Helper:

_____ or _____
Mon. Tues. Wed. Thurs. Fri.

(Please circle your response and check the day(s) above, if you are able to attend)

- **BABYSITTERS** will be provided for pre-school aged children of Parent Helpers:

(Please indicate the **Name/Age** of your pre-school child(ren) who will require babysitters)

Emergency Contact

Name: _____

Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and wellbeing of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program, to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Cathedral of the Holy Family and the Roman Catholic Diocese of Saskatoon from all manners of actions or claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs either by way of print or website. Any other use will require further consent.

Parent/Guardian Signature: _____ Date: _____

Return completed form with payment to the Cathedral of the Holy Family no later than **Sunday, June 10th, 2018**. Space is limited and will be allotted on a first come, first served basis. Available space will partially depend on the number of volunteers and may change over time.

PAYMENT INFORMATION (for office use only)

CHILD RATE: \$40 FAMILY RATE: \$100

Debit: Cash: Credit; type _____: Chq #: _____

Payment received: _____

