



WE are geared up for:
Maker Fun factory Vacation Bible
Camp!



ST. JOHN VIANNEY CATHOLIC CHURCH
12600 84th Ave. NE, Kirkland, Wa 98034
425-823-0787 www.sjvkirkland.org

Contact Laura Stanger with Questions: Lstanger@sjvkirkland.org

- **Who:** Kids from 4 years old to 5th grade
- **What:** Maker Fun Factory Vacation Bible Camp
- **When:** Tuesday, June 27-Friday, June 30, 2017. 9:30 a.m. to 12:30 p.m. (4 day camp)
- **How much? Fee:** \$75.00 per child or \$150 for 3 or more children

(checks can be made out to St. John Vianney Parish)

Special Thursday June 29th Night Family Potluck (6-7:30 p.m.)

SCHOLARSHIPS ARE AVAILABLE!

VOLUNTEER TO HELP ALL WEEK AND YOUR CHILDREN ARE FREE!

Family Name _____ Home phone _____
 Address _____ City _____ Zip _____
 e-mail address _____
 Parent/Guardian name _____ cell phone _____
 Parent/Guardian name _____ cell phone _____

PARTICIPANTS:

Child #1 _____ Age _____
 Special accomodations/allergies _____
 Child #2 _____ Age _____
 Special accomodations/allergies _____
 Child#3 _____ Age _____
 Special accomodations/allergies _____

Please place my child in a group with

Child #1 with _____

Child #2 with _____

Child #3 with _____

**We cannot guarantee your child's placement in a specific group but we will do our very best!*

***Please complete the back side of this registration form as well.**

Family Name Page 2: _____

MY CHILD WOULD LIKE TO BE A YOUNG CAMP COUNSELOR: Age 11-15

Name _____ age _____

Young camp counselors must attend a training session. Sunday June 18 1-2:30 p.m. and Saturday June 24 at 10 am. (Saturday is to help with the tent set up)

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

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

Emergency Contact Name _____

Relationship _____ Phone _____

Family Doctor: _____ Phone _____

Family Health Plan Carrier: _____ Policy # _____

Parent/Guardian Signature: _____

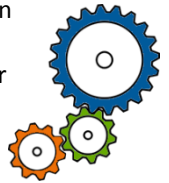
Parent/Guardian Consent form and Liability Waiver: As parent and or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named here, or our heirs, successors and assigns, to hold harmless and defend St. John Mary Vianney Catholic Church, its officers, directors, agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith

Parent/Guardian Signature _____ Date _____

Photography and Video Consent: From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to be able to use these photographs and videos for display on our parish bulletin board and on the tv display during camp. Written consent of both the student and the parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted at the parish, please contact the organization or webmaster and they will promptly be removed. I the parent/guardian of this/these youth

Authorize and give full consent, without limitation or reservation, to St. John Mary Vianney Catholic Church to post on the bulletin board and run through the tv screen in which the above named student/s appears while participating in any program associated with St. John Mary Vianney Catholic Church, Kirkland, WA. There will be no compensation for use of any photograph or video at the time of publication or in the future.



Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Volunteer Opportunities

Adult Volunteer (must complete criminal background check to volunteer with children)

Name _____

e-mail address _____ Cell Phone _____

- Creation Station Volunteer
- Fun Factory Group leader
- Fun factory Group assistant
- Fun Factory Foods helper
- Fun Factory Photography
- Fun Factory Registration helper
- Other _____

