



# Where Kids Meet Up With Jesus!

Dates: June 4 through June 8, 2018 Monday through Friday

Time: 8:30am-12:00pm

Qualification: must be entering 6<sup>th</sup> grade or older and adults

I would like to help in one or more of the following areas

Please place a check mark in the areas you are interested in:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Music/Skits Leader<br>(Adult)  | <input type="checkbox"/> Music/Skits Helper  | <input type="checkbox"/> Bible Story Leader<br>(Adult)                     | <input type="checkbox"/> Bible Story center helper |
| <input type="checkbox"/> Preschool Helper<br>(Adult)  | <input type="checkbox"/> Preschool Helper  | <input type="checkbox"/> Craft Leader<br>(Adult)                           | <input type="checkbox"/> Craft Helper              |
| <input type="checkbox"/> Snack Helper   | <input type="checkbox"/> Games Leader<br>(Adult)                                     | <input type="checkbox"/> Games helper<br>(8 <sup>th</sup> grade and above) | <input type="checkbox"/> Snack Leader<br>(Adult)   |
| <input type="checkbox"/> Assistant Group guide<br>(Entering 6 <sup>th</sup> -8 <sup>th</sup> grade) | <input type="checkbox"/> Painting banners, backdrops, sets, etc. <i>(Before VBS)</i> | <input type="checkbox"/> Decorating <i>(Before VBS)</i>                    |  |

Name \_\_\_\_\_ T-shirt Size youth s m l xl adult s m l xl

Check size (\$10.00, if purchasing, order must be in by May 21st)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Volunteers Cell Phone Number \_\_\_\_\_

Volunteers E-mail \_\_\_\_\_

**Please fill out parent information if volunteer is under the age 18**

Parents Name \_\_\_\_\_ Parents Cell Phone Number \_\_\_\_\_

Parents E-mail address \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE PARISH OFFICE.

Please detach

**All volunteers will attend the Youth Leaders Fun Day/Training Day on  
Wednesday, May 30, 2018 from 9:00am-12:30pm in the Hall.**

If you have any questions about Vacation Bible School or your involvement in it, please call:  
762-9688

OVER → → → →

# Medical Release Form

Name of event: **St. Rita in the Desert SonSurf Beach Blast Vacation Bible School**

I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_

a minor, do hereby authorize adult volunteers of St. Rita in the Desert, as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

I further release from any liability St. Rita in the Desert, and any of its ministries or leaders in the event of an accident enroute, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (print)

\_\_\_\_\_

Parent/Legal Guardian (sign)

Date signed

\_\_\_\_\_

Address

City

State

Zip Code

\_\_\_\_\_

Primary Number

check one  Cell  Home

Work

\_\_\_\_\_

Health Insurance Company

\_\_\_\_\_

Policy or Group Number

Phone

\_\_\_\_\_

If parent/legal guardian is not available in an emergency, contact

Name

Phone

\_\_\_\_\_

Please list any allergies. Include medications, foods, etc.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs or medical, including medications currently being used?  No  Yes If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name

Phone

\_\_\_\_\_