

St. John Vianney Summer Day Camp 2019

Totally Catholic



July 8 - 19, 2019
8:30 am - 2:30 pm

Camper Registration Form

Deadline to register is June 14th
Or until we have 200 campers.

ARCHDIOCESE OF LOS ANGELES, ST. JOHN VIANNEY CHURCH
YOUTH ACTIVITY PERMISSION FORM
FORM #E.2.1

YOUTH ACTIVITY _____ Summer Day Camp July 8 - July 19, 2019 _____

CHILD'S NAME _____

ADDRESS _____
(Street) (City) (Zip)

SCHOOL _____ GRADE (Fall 2019) _____ BIRTH DATE _____

T-SHIRT SIZE: (Circle one) Adult / Youth (Circle one) XS SM MD LG XL 2XL
Toddler 4T 5T

Will he/she need to take any type of medication during camp for allergies or chronic medical conditions?
YES _____ NO _____ If YES, please submit a Medical Authorization and Permission Form available in
the Corpus Christi Center.

Is there any important information that you feel as a parent/guardian that SUMMER DAY CAMP needs to be
aware of? _____

FATHER/GUARDIAN'S NAME _____ PHONE: _____

MOTHER/GUARDIAN'S NAME _____ PHONE: _____

PERSON (**OTHER THAN PARENT**) TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____ PHONE _____

I, THE PARENT (GUARDIAN) OF THE ABOVE NAMED CHILD, HEREBY GIVE MY PERMISSION FOR HIS/HER
PARTICIPATION IN THE YOUTH ACTIVITIES NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND
CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL OR ARCHDIOCESAN PERSONNEL
RESPONSIBLE FOR YOUTH ACTIVITIES.

I AGREE THAT IN THE EVENT MY CHILD IS INJURED AS A RESULT OF HIS/HER PARTICIPATION IN THE ABOVE
NAMED YOUTH ACTIVITIES, INCLUDING TRANSPORTATION AND FROM THESE ACTIVITIES, WHETHER OR NOT
CAUSED BY THE NEGLIGENCE (ACTIVE OR PASSIVE) OF THE PARISH/SCHOOL OR ARCHDIOCESAN YOUTH
ACTIVITIES PROGRAM, OR ANY OF ITS AGENTS OR EMPLOYEES, RECOURSE FOR THE PAYMENT OF ANY
RESULTING HOSPITAL, MEDICAL OR RELATED COSTS AND EXPENSES WILL FIRST BE HAD AGAINST ANY
ACCIDENT, HOSPITAL OR MEDICAL INSURANCE OR ANY AVAILABLE BENEFIT PLAN OF MINE OR OF MY SPOUSE.

I AM NOT AWARE OF ANY MEDICAL CONDITION OF MY CHILD THAT RENDERS IT INAPPROPRIATE FOR HIM/HER
TO PARTICIPATE IN ANY SUCH ACTIVITY.

I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE YOUTH ACTIVITIES SUPERVISORY
PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE
PHYSICIAN.

I, HEREBY, AUTHORIZE THE MAKING OF PHOTOGRAPHS, VIDEOTAPES, RECORDINGS, OR OTHER
MEMORIALIZING OF SAID EVENT. I, HEREBY, WAIVE THE RIGHT TO COMPENSATION.

ADULT LEADER(S) _____ Becky Cerda, Luz Hernandez, Monica Sanchez _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

**ARCHDIOCESE OF LOS ANGELES
FIELD TRIP PERMISSION FORM
FORM #E.2**

FIELD TRIP TO: Los Robles Park

TIME AND DATE: Tuesday, July 9, 2019 from 9:00 – 12:30 pm

MEANS OF TRANSPORTATION: Walking

I request that my son/daughter, _____ be permitted to participate in the above field trip. As condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries, property damage that my son/daughter may suffer as a result of participating in the field trip described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in the trip, I hereby give the school personnel permission to use their judgment in obtaining medical service and give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other adults participating from any liability in connection with this request.

I UNDERSTAND THAT MY INSURANCE BENEFITS THAT ARE EFFECTIVE HAVE LIMITED APPLICATION.

_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
_____ HOME PHONE	_____ WORK OR CELL PHONE

FIELD TRIP TO: Raging Waters

TIME AND DATE: Tuesday, July 16, 2019 from 8:30 am to 5:30 pm

MEANS OF TRANSPORTATION: Busses

I request that my son/daughter, _____ be permitted to participate in the above field trip. As condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries, property damage that my son/daughter may suffer as a result of participating in the field trip described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in the trip, I hereby give the school personnel permission to use their judgment in obtaining medical service and give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other adults participating from any liability in connection with this request.

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_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
_____ HOME PHONE	_____ WORK OR CELL PHONE

PICTURE PERMISSION FORM

I, hereby, give my son/daughter, _____, permission to participate in the group photo that will be duplicated and distributed to the campers/CIT members of his/her group as a memorial of Summer Camp 2019. I understand that my child's name will not be included in the photo.

Parent Signature

Date

MOVIE PERMISSION FORM (For Pre-K thru 8th grade only)

I, hereby, give my son/daughter, _____, permission to watch the film **The Lion King** rated G on Thursday, July 19, 2018.

Parent Signature

Date

Summer Camp Fees

We can only accept 200 campers!

Please Note:

- *We do not offer discounts or prorate fees for children only coming one week, for not attending Raging Waters, or for any absences/emergencies.*
- *A spot for your child(ren) is reserved based on the registration form filled out completely, the fees are paid in full, and returned to the Corpus Christi Center.*
- *The following fees are for individual family units. Extended family members such as cousins, nieces, nephews, etc. are not included. They must be registered and paid for separately by their parent/guardian.*

Campers (3 yrs to 8th Grade)

\$200 for 1 child;

\$300 for 2 children*;

\$400 for 3 children or more*

Families must be living in same household

Please return application with full payment by June 15, 2019

(\$10 increase if not paid in full by June 15th, 2019)

to the Corpus Christi Center unless registration has been closed due to maximum enrollment.

No registrations will be accepted after June 14th!

Questions? Contact:

Luz Hernandez, Director or Monica Sanchez, Assistant Director at (626) 330-2269 ext. 231 or sjvsdaycamp@gmail.com

FIELD TRIP TO: LA ZOO

TIME AND DATE: Wednesday, July 10, 2019 from 8:30 am to 5:00 pm

MEANS OF TRANSPORTATION: Busses

I request that my son/daughter, _____ be permitted to participate in the above field trip. As condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries, property damage that my son/daughter may suffer as a result of participating in the field trip described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in the trip, I hereby give the school personnel permission to use their judgment in obtaining medical service and give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other adults participating from any liability in connection with this request.

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