

Saint John Vianney Summer Day Camp



STELLAR

Shine Jesus' Light

JULY 10-14, 2023

7:30am-12:30pm

Camper Registration Form
Deadline to register is June 16th
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 10 - July 14, 2023 _____

CHILD'S NAME _____

ADDRESS _____
(Street) (City) (Zip)

SCHOOL _____ GRADE (**Fall 2023**) _____ BIRTH DATE _____

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

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 (example: ALLERGIES)?

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, Briza Escobar _____

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 11, 2023 from 9:00 am – 11:30 am _____

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: _____ California Science Center _____

TIME AND DATE: _____ Tuesday, July 18, 2023 from 9:00 am to 4:30 pm _____

MEANS OF TRANSPORTATION: _____ Buses _____

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

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 and Counselor members of his/her group as a memorial of Summer Camp 2023. 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 **Home** rated PG on Wednesday, July 12, 2023.

Parent Signature

Date

Summer Camp Fees

We can only accept 200 campers!

Please Note:

- *We do not offer discounts or prorate fees for not attending California Science Center, 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.*
- *There will be no family discounts this year given camp is only 1 week*

Campers (3 yrs to 8th Grade)

\$150 per child;

There will be a \$5 processing fee if paid with a card

Please return application with full payment by June 16, 2023

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

(\$10 increase if not paid in full by June 16th, 2023)

No registrations will be accepted after June 16th!

Questions? Contact:

Briza Escobar, Director at (626) 330-2269 ext. 231 or sjvsdaycamp@gmail.com

ACKNOWLEDGMENT OF RECEIPT
OF
GUIDELINES FOR ADULTS INTERACTING WITH MINORS
AT PARISH/SCHOOL ACTIVITIES OR EVENTS

Revised 8/2007 ~1/27/10 ~Revised 6/8/2010 ~ Revised 2/2015

I have received and agree to comply with the *Guidelines for Adults Interacting with Minors at Parish, Parish School, Youth Ministry or Religious Education Activities or Events* of the Archdiocese of Los Angeles. As stated in the copy of these guidelines: **“All adults working or volunteering with minors are also accountable to follow all policies contained in any other ‘Handbooks’ that the parish/school may use’ (i.e.: Catholic Schools Handbook, Parish ministry handbook, etc.).** All adults acting in a staff, faculty, ministerial or other paid or volunteer * position in the Archdiocese are role models who are called to treat each minor with respect and care. Clergy/staff members/faculty/volunteers serving either in a paid or volunteer position need to maintain professional relationships with minors whether on or off the parish or parish school locations.” These guidelines are part of the commitment of the Archdiocese of Los Angeles to keep children and youth safe and to provide a role model for all minors under our care.

Activity(ies) or Event(s) in which I am involved:

Name (please print legibly): _____

Signature: _____

Date: _____

ARCHDIOCESE OF LOS ANGELES GUIDELINES FOR ADULTS INTERACTING WITH MINORS AT PARISH OR PARISH SCHOOL ACTIVITIES OR EVENTS Revised 2/2015

Adults acting in a staff, faculty, ministerial or other paid or volunteer position in the Archdiocese are role models who are called to treat each minor with respect and care. Clergy/staff members/faculty/volunteers serving either in a paid or volunteer position need to maintain professional relationships with minors whether on or off the parish or parish school locations. Please review the following guidelines and sign the "Acknowledgement of Receipt" for the file at the parish or school where you work or volunteer.

- If clergy/staff members/faculty/volunteers who are supervising minors observe a situation where civil law, parish and/or school rules are being violated, they must take appropriate action immediately.
- Clergy/staff members/faculty/volunteers should always be aware they have considerable personal power because of their ministerial positions. Therefore, they will maintain respectful ministerial relationships, avoiding manipulation and other abuses of power.
- Clergy/staff members/faculty/volunteers must avoid assuming the role of a "father or mother figure," which may create an excessive emotional attachment for all parties.
- Attraction between adults and minors is possible, and care and caution should be taken in all interactions. The parish/school administration should be informed immediately if such an attraction exists. Dating or sexual relationships between a clergy/staff member/faculty/volunteer and a minor are inappropriate and unethical. Dating or sexual relationships between a clergy/staff member/faculty/volunteer and a minor are unlawful.
- Communications with minors (e.g., notes, letters, e-mail and Internet exchanges, telephone calls) must be for professional reasons only.
- Discussions of a sexual nature must always take place in an appropriate educational context. Sexual jokes, slang or innuendo are inappropriate when interacting with minors.
- Clergy/staff members/faculty/volunteers will respect confidential information concerning minors or confidential information of a personal nature shared by a minor. However, if a minor shares confidential information that could pose a threat to the minor or to others, the clergy/staff member/faculty/volunteer has an obligation to notify the proper authorities.
- When clergy/staff members/faculty/volunteers are supervising minors or young adults at parish or parish school- sponsored activities, they may not be under the influence of alcohol, may not consume alcohol in the presence of persons under age 21, nor offer alcohol to them.
- When a clergy/staff member/faculty/volunteer is alone in a room with a minor, the door must be open, or there must be clear visibility through windows.
- Clergy/staff members/faculty/volunteers are to engage in games or sports activities with minors only in the presence of other adults, or in a place openly accessible/visible to others.
- Clergy/staff members/faculty/volunteers planning parish/school events in their homes with minors must have the permission of the parish/school administration. In addition, clergy/staff members/faculty/volunteers may not have any minors in their homes without the knowledge of the minor's parent or guardian.
- Clergy/staff members/faculty/volunteers may not drive minors unless it is to or from a parish/parish school- sponsored activity and may never drive alone with a minor. Driving minors requires parental permission slips that indicate the transportation is by personal vehicle. The parish/parish school administration must approve any use of personal vehicles. Trips involving minors must have a sufficient number of adult chaperones and minors to preclude the appearance of inappropriate personal involvement with minors.
- Parent/guardian written permission is required for the publication of a picture of a minor.
- Adults are permitted to interact alone with minor/minors only after complying with Archdiocesan policies regarding fingerprinting and safe environment training.

Saint John Vianney has my permission to use my child's photograph publically to promote Summer Day Camp. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____