



"Msgr. Sabourin Vacation Bible Camp"
St. Patrick Church Providence
Registration 2023
July 10 to July 14, 2023
Volunteers

Name: _____

Birth Date (Day / Month /Year) _____ Male _____ Female _____

Address _____ City/ State/Zip _____

Phone (Home): (____) _____ Mobile:(____) _____

Email: _____

Parish /Town: _____

Registered? Yes _____ No _____

Have you done Safe Environment Training at your parish or Diocesan office?

Safe Environment Video: No _____ Yes _____,

if Yes, **When** (approximately) and thru which parish\diocesan agency _____

BCI: if Yes When (approximately) and thru which parish\diocesan agency _____

Name – Print

Signature: _____ Date: _____

Questions contact Irma at 401-278-4578 Email: irodriguez@dioceseofprovidence.org
Or mail to SPRED Office One Cathedral Square Providence, RI 02903

For office use

Received Date: _____

Received and Reviewed By: _____

All Documents Received? _____

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Medical Emergency Information & Contact

Volunteer Name: _____

Birth Date (Day / Month/ Year)_____ **Age**_____ **Male** _____ **Female** _____

In case of Emergency, Please notify:

Primary Contact: _____ **PHONE (H)** _____

Relationship to person: _____ **PHONE (C)** _____

Secondary Contact: _____ **PHONE (H)** _____

Relationship to person: _____ **PHONE (C)** _____

Allergies / type /food/ Restriction: (If none – please indicate none)

Other Comments:_____

EMERGENCY MEDICAL TREATMENT: In the event of any emergency, I give permission to transport me to the nearest hospital for emergency medical treatment. Or I prefer to be transported (if allowed) to:

I wish my emergency contact to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency if you are unable to reach me at the above numbers, contact:

Name: _____ **Phone Number:** _____

Name – Print

Signature: _____ **Date:** _____

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Registration 2023
June 10 - July 14, 2023
Photo-Electronic Media Release Form

☐ I hereby give permission for my son\daughter\client\myself _____,
Print Name

☐ I **Do Not** wish to have my son\daughter\client\myself _____,
Print Name

to be photographed or videotaped at Msgr. Sabourin Vacation Bible Camp.

I understand that the photo may be published in the newspaper, SPRED Newsletter, parish/diocesan website, parish bulletin, animation or other publications. The video may be used for training, educational or informational purposes regarding the camp advertisement in the future at the Office of the Apostolate for People with Disabilities of the Diocese of Providence and St. Patrick Church. I understand that these pictures or videos will be accessible to anyone with internet access. The Msgr. Sabourin Vacation Bible Camp has the right to use, crop or edit photo or video image at its discretion and reserves the right to discontinue use of photos without notice.

Name - (Print)

Date

Signature of Responsible Party

Date

It is the responsibility of the Responsible Party to inform the child or adult of your wish\ request that he or she not be photographed or videotaped.

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PARENT/LEGAL GUARDIAN/VOLUNTEER
PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter, ward, yourself _____, is eligible to participate/volunteer in the St. Patrick Church sponsored activity that requires permission.
This activity will take place under the guidance and supervision of volunteers from St. Patrick Church.

A brief description of the activity is as follows:

TYPE OF ACTIVITY: Vacation Bible Camp at St. Patrick
DESCRIPTION OF ACTIVITY: Bible Stories, Crafts, Games, Songs and Holy Mass,
All at St. Patrick Church
DATE AND TIME OF ACTIVITY: July 10 - July 14, 2023
METHOD OF TRANSPORTATION: Drop off at St. Patrick Church in the morning 9:30 am
And pick up 2:30 pm by family member\Self
CAMP COST: \$30.00 per person

I would like my child/ward/self to participate in this activity. As parent or legal guardian or self, I agree to defend and fully indemnify St. Patrick Church, the Office of the Apostolate with People with Disabilities and the Diocese of Providence (Parish/School/Office/Diocese) against any claim, which may result from any personal actions taken by my child/ward/self. As parent or legal guardian or self I further agree to fully indemnify and hold harmless St. Patrick Church, the Office of the Apostolate with People with Disabilities and the Diocese of Providence (Parish/School/Office/Diocese) against any claim or cause of action whatsoever brought against St. Patrick Church, the Office of the Apostolate with People with Disabilities and the Diocese of Providence which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward/self or their parent/legal guardian.

I hereby consent to participation by my above-named child/ward/self in the activity described above. I certify that I understand this agreement and the activity described above that my child/ward/self will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of this parish/school/office to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Name PRINT

Date

Signature

Phone Numbers

(H) _____ (W) _____

(M) _____

Address