



# “Msgr. Sabourin Vacation Bible Camp”

## Registration 2022

### July 10 - July 14, 2023

### At St. Patrick Church, Providence, RI

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

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Today's Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Birth Date (Day / Month/ Year) \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parish/Town: \_\_\_\_\_ Registered? Yes \_\_\_ No \_\_\_

Has the Camper made his/her First Communion? Yes \_\_\_ No \_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (mobile): \_\_\_\_\_ (other) \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father: \_\_\_\_\_

Address: If different from mother \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (mobile): \_\_\_\_\_ (other) \_\_\_\_\_

Father's Email: \_\_\_\_\_

Brothers/Sisters (names): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Camp Cost for the Week: \$30.00/ per person by June 30th**

**For office use**

Payment Received Date: \_\_\_\_\_ Check (Number)/ Cash/ Money Order: \_\_\_\_\_ **Made to SPRED**

Received By: \_\_\_\_\_

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## **Registration 2023**

### **Medical Emergency Information & Contact**

**Camper 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)** \_\_\_\_\_

#### **Optional**

**Medical Diagnosis / Disability or Medical concerns you want us to know in an emergency:**

\_\_\_\_\_

**Medications (Optional)** \_\_\_\_\_

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

**Seizures?** No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_

**Other Comments:** \_\_\_\_\_

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

I wish 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 the secondary contact.

**Parent(s)/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PRINT

\_\_\_\_\_  
SIGNATURE

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### **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 Office of the Apostolate for People with Disabilities of the Diocese of Providence and St. Patrick Church 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

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***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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**St. Patrick Church, Providence, RI**

### **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 and other parishes.

A brief description of the activity is as follows:

TYPE OF ACTIVITY: Vacation Bible Camp at St. Patrick Church  
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 or self-transport  
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 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 and the Diocese of Providence against any claim or cause of action whatsoever brought against St. Patrick Church 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 / Self Name PRINT**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**Phone Numbers**

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(M) \_\_\_\_\_

\_\_\_\_\_  
**Address**