



PARTICIPANT Name: _____ M/F Age: ____ Grade: _____

☐ Child Camper ☐ Teen Volunteer ☐ Adult Volunteer (Safe Environment required for 18+)

Tshirt Size: (please circle one).

XS(2-4). S(6-8). M(10-12). L(14-16). AS(34-36). AM(38-40). AL(42-44). AXL(46-48). AXXL(50-52)

PARENT(s) Name: _____

Best Phone Number(s): _____

Home Address: _____

Email Address: _____

I give my child permission to participate in all activities and programs during St. Mark's Parish's Vacation Bible School. I agree that the parish will not be held responsible for accidents or persons injured arising there from. I understand that although St. Mark's does strive to provide a safe food environment, it recommends children with severe food allergies bring their own snacks. I also realize that my child may be in photographs taken during VBS and that I waive the right to inspect or approve the photo if used for publications within the church community and/or diocese.

Parent Signature: _____ Date: _____

*If your child needs an EpiPen, inhaler or has other medical concerns please speak with Lisa Olsen before camp begins.

Registration: Cost is \$40 per camper. (\$100 max per family)

Please make check payable to St. Mark the Evangelist Parish and mail to 1 South Road, Londonderry, NH 03053.

PLEASE SIGN DIOCESAN PERMISSION SLIP ON THE BACK

FOR CHURCH USE ONLY:

Registration: fee paid: _____ Cash: _____ Check: ____ Crew: _____

Teen Volunteer Form Complete: _____ Adult Safe Environment Complete: _____

Permission Slip¹

Please return by: .

I hereby give "My Child"
 (Parent/Guardian Name) (Child Name)

permission to participate in the "Activity" described below.

Diocese Location	St. Mark the Evangelist
Activity Description	Vacation Bible School
Date(s) and Times*	July 11 - July 15 2022. 9AM - NOON
Transportation Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions, if any	N/A
Cost	\$40.00/Child (\$100 max per family, make check payable to St. Mark the Evangelist
Volunteers Needed ²	Yes Volunteer Cost: \$

* If the Activity cannot be held on the Date or Times listed above, I intend for this Permission Form to apply and be effective for any rescheduled Date(s) and Times for the Activity.

I certify that My Child is physically fit and capable of taking part in the Activity.

I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact: Phone:

Alternate Contact: Phone:

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect, and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

I understand that photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a as the Diocese Location and its respective directors, officers, trustees, employees, and volunteers shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature: Date:

For Volunteers³:

I voluntarily agree to assist with the Activity. I give permission to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Volunteer's Signature: Date:

Email: Phone:

¹ This Permission Slip is required from minors to participate in a trip (day or overnight) or for minors to volunteer.

² Must be age 21 or older to serve as a chaperone.

³ Volunteers must complete a Volunteer Application and Agreement and fulfill all applicable Safe Environment requirements.