



**June 25-29, 2018**

**9 a.m. to 12:00 p.m.**

- For children in grades **KINDERGARTEN - 5TH (Fall 2018)**
- Only \$50 per child which includes a t-shirt, music cd, a craft each day, and snacks!  
*\* Do not let fees stop your child from participating - Scholarship money available to parish children.*
- **T-shirt sizes are: Small (6-8), Medium (10-12), Large (14-16), or Adult Small**

<b>Child</b>	<b>Grade (fall 2018)</b>	<b>Birthdate</b>	<b>T-Shirt size</b>
1.			
2.			
3.			
4.			

**We need MANY Volunteers to make our Vacation Bible Camp a success. We simply cannot provide a quality camp without help. We love our volunteers!**

**I can help out with this awesome ministry in the following way: (Discount or fees waived)**

- Coordinator for Decorations Team
- Coordinator for Set-up Team
- Lead a Center (We have 7 spots)
- Be a Farmer's Friend (Leads group to centers and assists)
- Decorating classrooms (Beginning on June 19)
- Be available during VBS as extra support, as needed: M T W Th F

The Director of VBS, Gordon Okumu will contact you and provide details about each position.

**OVER PLEASE**



# MEDIA RELEASE FORM

Form: MRF - 18

**(Photograph/Video/Sound Release)**

1201 Satre St. | Eugene OR, 97401 | Tel: (541) 686.2345 | Fax: (541) 686.0037

[www.saintpaulparish.com](http://www.saintpaulparish.com) | Email: [community@saintpaulparish.com](mailto:community@saintpaulparish.com)

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I hereby **give permission** to **St. Paul Catholic Church** to use the photograph(s) of the minor(s) or myself as listed below for publicity, promotion, news release, videos and web use of **St. Paul Catholic Church**.

**St. Paul Catholic Church** agrees that the youth's name, picture, art, written work, photograph, video or verbal statements shall **ONLY** be used for public relations, public information, publicity and/or instruction. **St. Paul Catholic Church** further agrees that youth will not be identified by personal details. These details include names, emails or postal addresses, telephones or fax numbers.

**St. Paul Catholic Church** shall not use any individual pictures of child/dren for any form of publicity without an appropriate release form signed by the parent/guardian. However, unidentified pictures of four or more students shall be used without a release form.

When allowing **St. Paul Catholic Church** to use the photo of your child, you are also agreeing that:

- No monetary consideration shall be paid to you/youth for the use of the photo.
- Consent and release have been given without coercion or duress whatsoever.
- The photo or youth statements may be used in subsequent years while you/youth are still attending **St. Paul Catholic Church**.

If the youth and/or parent/guardian wishes to withdraw from this agreement, they may do so at any time with a written notice to **St. Paul Catholic Church**.

I prefer to **Not Give Permission** for my child's image to be used in any form of media.

Name of Youth(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

**CONTACT INFORMATION**

Parent(s) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Okay to text? \_\_\_\_\_

Email \_\_\_\_\_

**Allergies and Special Needs:**

Does your child have any **SPECIAL NEEDS** including **FOOD ALLERGIES?** Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your child to help them have a positive experience at VBS?

\_\_\_\_\_

In case of illness, accident, or emergency to the student(s) listed on this form, the Archdiocese and its representatives are authorized as indicated below. **Please complete and prioritize each item in the order of desired action you wish us to take.**

\_\_\_\_ Contact \_\_\_\_\_  
Name and Phone

\_\_\_\_ Contact Family Physician \_\_\_\_\_  
Name and Phone

\_\_\_\_ Take student to nearest hospital

Medical Insurance Company \_\_\_\_\_

ID or Group # \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_