

**St. Edmond Catholic Church – VBS 2024 SCUBA**



**Camper Registration Form**  
**June 10 - 14, 2024 from 8 am -12ish pm**

Anyone who has completed grades K-5 or at least 5 years old is invited to attend. The registration fee is \$50.00 per child and will be accepted until all slots are filled. Only registration forms with registration fees will be processed. Please fill out this form and attach payment made out to St. Edmond Church. Registrations may be brought to the office, mailed, or placed in the collection basket (in a clearly marked envelope). If mailing, please send it to: St. Edmond Catholic Church, 4131 W. Congress St. Lafayette, LA, 70506

ATTN: Karolyn Comeaux

We look forward to sharing this fun-filled week of faith with your children.

CHILD'S FULL NAME \_\_\_\_\_ Male/Female (*circle one*)  
BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ COMPLETED GRADE (May '23) \_\_\_\_\_  
T-SHIRT SIZE: (*check one*) \_\_\_\_\_ Youth Sm. \_\_\_\_\_ Youth Med. \_\_\_\_\_ Youth Lg.  
\_\_\_\_\_ Adult Sm. \_\_\_\_\_ Adult Med. \_\_\_\_\_ Adult Lg.  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PARENT'S NAME \_\_\_\_\_ HOME PH# \_\_\_\_\_  
MOM'S WORK PH# \_\_\_\_\_ MOM'S CELL PHONE# \_\_\_\_\_  
DAD'S WORK PH# \_\_\_\_\_ DAD'S CELL PHONE# \_\_\_\_\_  
EMERGENCY CONTACT PERSON \_\_\_\_\_  
EMERGENCY PHONE # \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_  
COMMENTS or SPECIAL NEEDS \_\_\_\_\_

Parents and older siblings (completing sixth grade and above) are encouraged to participate by *volunteering* their time and talents.

Adults who teach throughout the week of Vacation Bible School, will be given 60% discount for one child; we ask that you pay just \$20 to help defray some of their costs.

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**FOR OFFICE USE ONLY:**

Date \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Cash/CK \_\_\_\_\_  
Contacted \_\_\_\_\_ Initial \_\_\_\_\_

GROUP: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

**PLEASE COMPLETE SIDE 2.**

**St. Edmond Catholic Church Vacation Bible School 2024  
4131 West Congress Street Lafayette, LA 70506  
337-981-0874**

**PHOTO RELEASE**

I, the parent/legal guardian of, \_\_\_\_\_, grant my expressed permission for the St. Edmond Catholic Church's Vacation Bible School Volunteer Staff to photograph my child while attending classes and/or participating in activities connected to our program.

Agree  Disagree I give permission for my child's photograph to be taken as per the above referenced activity.

Agree  Disagree I give permission for Ms. Karolyn Plaisance to exhibit photographs of my child taken at vacation Bible school, including digital images, and/or video and audio recordings each day.

Parents are invited to attend this closing presentation each day.

Agree  Disagree I give permission for pictures of my child in a group setting to be placed on the St. Edmond's website, Instagram account, and/or Facebook page. Please note that no names of minors will be listed with any photographs.

By signing this release, I acknowledge that I hereby release and forever discharge St. Edmond Catholic Church and her employees/volunteers from and against any and all claims, damages or suits which may arise from the use of these pictures taken during Vacation Bible School for the above listed purposes.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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**MEDICAL RELEASE**

This is to inform you that \_\_\_\_\_ has my permission to attend and participate in all St. Edmond Vacation Bible School activities on church property. I also understand that some activities may require physical exertion, and I give my child permission to participate in any and all of such activities.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that not all campers and volunteers will be wearing face masks and do not hold St. Edmond responsible for any Covid-19 related medical issues that may arise.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**ST. EDMOND CATHOLIC CHURCH MEDICAL CONSENT FORM**

Permission is hereby granted to the person in charge during St. Edmond Vacation Bible School to call 911 for ambulance and medical assistance for my child, \_\_\_\_\_, if deemed necessary. Every precaution will be taken to prevent accident or injury, however in the event of accident or illness I will assume financial responsibility for treatment of the above-named youth and not hold the Diocese of Lafayette, St. Edmond Church and/or the adult chaperones financially liable.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_