



A Radical Ride on the Wings of Prayer!
Saint Ann's VBS 2019

St. Ann Catholic Church
4057 US Highway 70 Business West
Clayton, NC 27520

Monday, August 5th to Friday, August 9th: 8:45 am – 12:45 pm.
(Rising K to 5th grade)

Youth Volunteers- Grades 6th to 12th can volunteer to help at the VBS.

Name of Parents or Guardians: _____

E-mail: _____

Home Address: _____

Telephone: (home) _____ **(cell)** _____

Emergency Contact Nonparent: Name and Phone Number of an adult to reach in case of emergency in the event that parents and/or guardian can not be reached at the numbers above:

Name: _____ **Phone No.:** _____

Children being enrolled in Cat Chat CKP and their grade level for 2019-2020 school years:
Cost for this program is \$25.00 per child with a maximum cost of \$60.00 per family.
****Payable to: St. Ann's Catholic Church. Write on the Memo Line: Cat Chat VBS.***

<u><i>Name (First and Last)</i></u>	<u><i>Grade</i></u>	<u><i>Medical Conditions or Allergies</i></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

T- Shirts- If you are a volunteer or your child is attending the Cool Kingdom VBS, you will receive a t-shirt(s). Please list the person's name and t-shirt size on the lines below. We will have adult and children's sizes. (Example- Patrick Ginty- Adult XL, Clara Ginty- Youth S). Sizes are NOT guaranteed.

Elementary Grade Students: Entering Grades K-5

Monday – Friday, August 5th to 9th from 8:45 am to 12:45 pm.

Children bring a water bottle, and a snack to eat. We will not be providing snacks this year.

Youth Volunteers: Middle and High School Students- Monday to Friday, August 5th to 9th.

They will volunteer between the hours of 8:30 am and 1:15 pm each day. Friday, we will end at 2 pm. We will have a special Youth Group Gathering on Wednesday, August 9th from 1 to 2 pm.

Health Information

I hereby consent for the participation of my child(ren) to participate in the St. Ann’s sponsored “A Radical Ride on the Wings of Prayer” Cat Chat VBS the week of August 5th to 9th, 2019.

Please list names below.

Please complete, sign, and return the following statement of consent and release of liability.

As a parent/guardian you remain fully responsible for any liability which may result from personal actions taken by your son / daughter.

I release the Diocese of Raleigh, Saint Ann's Catholic Church in Clayton North Carolina, and their agents and volunteers from any injuries which may be incurred by my youth.

I hereby give permission for my child in case of emergency to receive necessary medical care in the event of an accident. If there is an accident with your child, every effort will be made to contact you directly. However, it is important that we have your medical insurance information and permission to get aid by a physician selected by the supervisor in charge to hospitalize and secure proper treatment for your son/daughter. The cost of any necessary medical care or treatment for your son/daughter will be your expense.

Parent or Legal Guardian’s Name (Printed): _____

Parent or Legal Guardian’s Signature: _____

Insurance Carrier: _____

Name of Policy Holder and relationship: _____

Policy Number: _____

Photography Disclaimer: Parents/Guardians are advised that photographs/video may be taken of participants at this event. The media may be used in publications, websites, or other materials produced by Saint Ann’s Catholic Church or the Diocese of Raleigh.

Parent/Guardian Signature: _____

Please return these completed forms with your payment to Saint Ann’s Catholic Church. Thank you!

Total Amount Paid: _____ **Please circle: Cash or Check #** _____