



VBS 2024

"Playing on God's Team"

JUNE 24-JUNE 28
8:30am to 1:00pm



Youth Volunteer Registration Form (6th grade - 17 years)

****A volunteer meeting will be held on June 20th at 2p in Logan Hall****

Name & Email _____

Address _____

Parent's Names: _____

Cell #s: mom: _____ dad: _____ other: _____

Grade in the Fall _____ Age _____ Gender: boy _____ girl _____

Please select the area you would like to volunteer. Spots are not guaranteed:

Snack or kitchen helper

Station Assistant

Small Group Assistant

Games

Music and Drama

T-shirt size (adult) **xs** **s** **m** **l** **xl**

Family or Friends you want to be assigned with:

For Office Use Only

ASSIGNMENT: _____

**Diocese of Fresno and all Entities of the Diocese of Fresno:
Permission for a Minor to Participate in a DOF Activity, Release of
Liability, and Consent for Emergency Medical Treatment**

Parent / Guardian: In order for your child to attend and/or participate in this specific event, activity , or sport listed on this form you must give your signed permission by completing this form. In addition to this form, you must also have on file at your Parish the PR22 Youth Annual Event Authorization.

NAME OF PARISH OR SCHOOL	Holy Spirit	NAME OF GROUP	Religious Education	
NAME OF EVENT	Vacation Bible School (VBS)		DATE OF EVENT	June 24-June 28, 2024

OFF CAMPUS FIELD TRIP INFORMATION

DESTINATION OF FIELD TRIP	N/A	CITY / STATE LOCATION	N/A
MODE OF TRANSPORTATION	N/A	FEE (IF APPLICABLE)	See reg form
DEPARTURE DATE AND TIME	N/A	ESTIMATED RETURN DATE AND TIME	N/A
		FORM MUST BE RETURNED BY	

My child is physically fit and capable of participating in this activity and/or event. I have informed my child to follow the rules, guidelines, and instructions of the DOF Entity and its personnel, as well as the adult leadership of this activity. I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of this activity and any transportation involved with this activity.

This permission, waiver, release, and consent applies to the named DOF entity, including, but not limited to the parish; the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and schools; affiliated organizations and officers; clergy; agents; and employees.

PARTICIPANT AND PARENT/GUARDIAN AUTHORIZATION

As the parent and/or legal guardian of the named child, I give my permission and consent and agree to all of the foregoing. In the event of an emergency and if the DOF entity is unable to contact me, I authorize the DOF personal or other adult leadership of this event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of the activity.

PRINT NAME OF PARTICIPANT	
PRINT NAME OF PARENT / GUARDIAN	
SIGNATURE OF PARENT / GUARDIAN	DATE
HOME PHONE NUMBER	
CELLULAR NUMBER	
OTHER	

MEDICAL INFORMATION
DOCTOR'S NAME OR MEDICAL GROUP
DOCTOR'S TELEPHONE
INSURANCE COMPANY
INS. POLICY NUMBER
<input type="checkbox"/> No Family Physician Listed
DATE RECEIVED AND BY

Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

NAME OF PARISH OR SCHOOL Holy Spirit	NAME OF GROUP Religious Education
NAME OF EVENT Vacation Bible School (VBS)	DATE OF EVENT June 24-June 28, 2024

PARTICIPANT AGREEMENT:

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
ADDRESS	
TELEPHONE	EMAIL

PARENT / GUARDIAN AUTHORIZATION FOR A MINOR

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
SIGNATURE OF WITNESS	DATE