



**COME TAKE A TOUR ON THE VATICAN EXPRESS!
FUN-FILLED DAYS AHEAD AT CATHOLIC KIDZ CAMP!**

August 2nd – 6th, 9:00AM-12:30PM
FRIDAY, AUGUST 6TH MASS AT 8:30AM
at St. Joseph Church, 4521 N Arden Rd, Otis Orchards, WA
**HOSTED BY ST. JOSEPH, ST MARY, ST. JOHN VIANNEY
AND ST PASCHAL CATHOLIC CHURCHES**

T-shirt sizes available in : Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult X-Large

T-SHIRTS MUST BE ORDERED BEFORE JULY 18th!!

Child's Name: _____ Age _____ Grade _____ T-Shirt Size _____

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Child's Name: _____ Age _____ Grade _____ T-Shirt Size _____

Parent Name: _____ Can you Volunteer to help? _____

Address: _____

City: _____ Zip: _____ *Make checks out to St Joseph Church*

Phone: _____ *(Scholarships available, please ask!)*

NO RESERVATIONS—COST INCLUDES: MUSIC CD, ST. JEROME STORY BOOK (one per family, please)

PLUS a t-shirt if ordered in advance before July 18th

Registration for 1st child.....\$25.00 _____

Registration for each additional child @\$20.00 each..... _____ (a maximum of \$65 per family)

I have enclosed a check in the amount of.....TOTAL _____

Please list any food allergies here _____

Medical Release Form

Name of Event: The Vatican Express – Valley Catholic Kidz Camp

August 2 – 6, 2021, 9:00am-12:30pm (plus Mass Friday at 8:30am) at St. Joseph Catholic Church, along with St Mary Church, St. John Vianney Church and St. Paschal Church

I (we) the undersigned parent(s) or guardian(s) of _____ a minor,

(and _____ also minors)

Do hereby authorize adult staff and volunteers of St. Joseph Catholic Church, St. Mary Catholic Church, St. John Vianney Catholic Church and St. Paschal Catholic Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability of St. Joseph Catholic Church, St. Mary Catholic Church, St. John Vianney Catholic Church and St. Paschal Catholic Church, any of its ministries or leaders in the event of an accident in route, during and returning from the above-mentioned event. This agreement does not apply to claims of intentional misconduct or gross negligence.

Date signed: _____

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (sign): _____

Address (include city, zip): _____

Emergency Phone #'s: _____

Health Insurance Company: _____

Policy or Group #: _____

If parent/legal guardian is not available in an emergency, contact:

Name/Phone #: _____

Please list any allergies and indicate severity:

If your child has a food allergy, will you be providing an alternate snack? _____

Does your child have any medical conditions or special needs, including medication currently being used?

Doctor's Name _____ Phone #: _____

Dentists Name _____ Phone #: _____

Birthdate: _____ Date of last Tetanus Shot: _____