



**Ss. Peter and Paul Ukrainian Catholic Church Presents:
Vacation Bible School 2022: Knights of North Castle!**

REGISTRATION FORM FOR PARTICIPANTS AND VOLUNTEERS

A-General Information

Name of Parents/Guardians: _____

Are you members of Ss. Peter and Paul Parish? Yes No

Address: _____ Postal Code: _____

Phone: _____ Cell (s): _____

E-mail: _____

B – Children Participating in Vacation Bible School

PARTICIPANT #1: Name: _____

Birthdate: Mo _____ Date _____ Year _____ Grade to be completed JUNE 2022: _____

Allergies: No / YES _____ (space provided on last page for details)

Saskatchewan Health Card Number: _____

T-SHIRT SIZE. Choose One. Youth Adult: _____ (indicate size. XS, S, M, L, XL)

PARTICIPANT #2: Name: _____

Birthdate: Mo _____ Date _____ Year _____ Grade to be completed JUNE 2022: _____

Allergies: No / YES _____ (space provided on last page for details)

Saskatchewan Health Card Number: _____

T-SHIRT SIZE. Choose One. Youth Adult: _____ (indicate size. XS, S, M, L, XL)

PARTICIPANT #3: Name: _____

Birthdate: Mo _____ Date _____ Year _____ Grade to be completed JUNE 2022: _____

Allergies: No / YES _____ (space provided on last page for details)

Saskatchewan Health Card Number: _____

T-SHIRT SIZE. Choose One. Youth Adult: _____ (indicate size. XS, S, M, L, XL)

PARTICIPANT #4: Name: _____

Birthdate: Mo _____ Date _____ Year _____ Grade to be completed JUNE 2022: _____

Allergies: No / YES _____ (space provided on last page for details)

Saskatchewan Health Card Number: _____

T-SHIRT SIZE. Choose One. Youth Adult: _____ (indicate size. XS, S, M, L, XL)

(VOLUNTEERS – BOTH YOUTH AND ADULT: PLEASE COMPLETE PAGE 2)

(If no volunteers, please proceed to PAGE 3)

C – Youth and/or Adult Volunteering for Vacation Bible School

VOLUNTEER #1:

Name: _____ Please Select One: Youth Adult

Email: (if different from above) _____

Cell Number: (if different from above) _____

Adult T-Shirt Size: _____ (indicate size. XS, S, M, L, XL)

Areas interested in volunteering:

Please note" I will communicate with volunteers regarding Covenant of Care Eparchial Guidelines Requirements.

VOLUNTEER #2:

Name: _____ Please Select One: Youth Adult

Email: (if different from above) _____

Cell Number: (if different from above) _____

Adult T-Shirt Size: _____ (indicate size. XS, S, M, L, XL)

Areas interested in volunteering:

Please note: I will communicate with volunteers regarding Covenant of Care Eparchial Guidelines Requirements.

VOLUNTEER #3:

Name: _____ Please Select One: Youth Adult

Email: (if different from above) _____

Cell Number: (if different from above) _____

Adult T-Shirt Size: _____ (indicate size. XS, S, M, L, XL)

Areas interested in volunteering:

Please note: I will communicate with volunteers regarding Covenant of Care Eparchial Guidelines Requirements.

VOLUNTEER #4:

Name: _____ Please Select One: Youth Adult

Email: (if different from above) _____

Cell Number: (if different from above) _____

Adult T-Shirt Size: _____ (indicate size. XS, S, M, L, XL)

Areas interested in volunteering:

Please note: I will communicate with volunteers regarding Covenant of Care Eparchial Guidelines Requirements.

(PLEASE COMPLETE NEXT PAGE)

D – PHOTO/VIDEO Release

I/we are aware that photos and/or video will be taken during Vacation Bible School, 2022, I/we grant **Ss. Peter and Paul Ukrainian Catholic Church** and the **Ukrainian Catholic Eparchy of Saskatoon** the absolute right and permission to use:

My/our **child(ren)’s name, photograph(s) and/or video(s)** in any format, now known or later developed in promotional materials and/or publicity efforts.

Only my/our child(ren)’s photograph(s) and/or video(s) in any format, now known or later developed in promotional materials and/or publicity efforts.

I understand that the photographs may be used in a publication, print ad, direct mail piece, electronic media, or other form of promotion.

Alternatively, I/we **restrict my/our consent to only on site/parish display** of said photos/videos.

I/we release **Ss. Peter and Paul Ukrainian Catholic Church and the Ukrainian Catholic Eparchy of Saskatoon**, its ministries/offices, employees/designees, organizations, and photographer(s) from liability for any violation of any personal or proprietary right I/we may have in connection with such use.

E – MEDICAL and HEALTH

I/we have provided the following medications/medical instructions and give consent for them to be dispensed at the request/need of my/our child (ren):

In the event that I/we are unavailable, I/we do hereby give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my/our child(ren) in the event of injury or illness during the above-named event/activity. This emergency medical care may be given under whatever conditions are deemed necessary, so as to preserve and protect life, limb, health, and well-being of my/our child(ren)

I/ we grant permission for above child(ren) to participate in the activities we have selected and take responsibility for arranging transportation to and from the activities. Youth with licenses will drive themselves/others only with my/our approval. No employee or volunteer working within or on behalf of Ss. Peter and Paul Parish will ever ask or give consent for a youth/other adult to drive another child or youth.

In signing below, I/we hereby acknowledge that sufficient information has been provided by the event coordinators with respect to the planned activities, duration, location, participants, and supervision. I/we understand that I/we are welcome to attend or drop in at any time during the program.

(PLEASE COMPLETE OTHER SIDE)

F – Permission Signature

I/we assume all risks and hazards incidental or in any way related to my/our child(ren)'s participation in Ss. Peter and Paul Vacation Bible School, 2022 and in each phase of it.

I/we have read the Appendix F, Covenant of Care summary sheet. (Can be found under "Forms" on the church website)

Name of Parent/Guardian (Printed)	Signature of Parent/Guardian	Date (Date/Month/Year)

If a second signature is required by a joint-custody or other legal agreement, please fill out below:

Name of Parent/Guardian (Printed)	Signature of Parent/Guardian	Date (Date/Month/Year)

G – Payment Details

Ss. Peter and Paul Vacation Bible School 2022 – July 5-8

Registration Fee:

Family Name: _____ 1st Child: \$25; Additional Children: _____ \$15 Each _____

Total: _____

Paid by: Cash Cheque (Cheque # _____) Made payable to: Ss. Peter and Paul Church

(contact Andrea Swann: sspp.chprograms@sasktel.net to arrange drop off of cheque or cash)

E-transfer: sspp@sasktel.net, memo: Vacation Bible School 2022