

# Vacation Bible Camp

## HOLY FAMILY RETREAT CENTER

June 26-30, 2017, 8:30 a.m. - 12:00 p.m.

*Offering: \$50.00 per child*

Grab your passport for an unforgettable VBC trek! Hike cloud-shrouded ruins of Machu Picchu. Savor exotic flavors of the Amazon. Hear what daily life is like from kids in Peru. Immerse kids in this vibrant culture where they discover God's good gifts for us all.

- **Share...** the sights, sounds, smells, and tastes of this unique culture with kids in your community.
- **Help...** kids discover God's eternal love for the world.
- **Create...** confident, faith-filled kids who understand the power of Jesus' love in a diverse world.

This 5-day camp is open to children entering kindergarten through entering 6th grade. Middle school and high school students are encouraged to sign up as helpers and group leaders.



Parent's Name/s: .....

Home Address: .....

Home Phone: ..... Cell Phone: .....

Emergency Caregiver: .....  
(name & phone)

Allergies/Special Needs: .....

Child's Name: ..... Age: ..... Grade Completed: .....

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Child's Name: ..... Age: ..... Grade Completed: .....

Are you or your middle school/high school student/s interested in volunteering?  Yes  No

**Total amount due:** .....

Mail, fax, or e-mail to Liza Peters.

Tel: 860-760-9712 • Fax: 860-521-1929 • lpeters@holyfamilyretreat.org

Holy Family Passionist Retreat Center • 303 Tunxis Road • West Hartford, CT 06107



**HOLY FAMILY**  
PASSIONIST  
RETREAT CENTER

# Permission and Insurance Release Form

## Please print all contact information clearly

\_\_\_\_\_ (child's name) has my permission to participate in the Vacation Bible Camp at Holy Family Passionist Retreat Center on June 26 - 30, 2017.

I understand that neither \_\_\_\_\_ (your parish name and city), Holy Family Passionist Retreat Center, nor any of their agents are responsible for any injury sustained by my teen. I accept responsibility for any medical expenses as a result of any such injury sustained.

\_\_\_\_\_ (phone number)                      \_\_\_\_\_ (Parent or Guardian Signature)                      \_\_\_\_\_ (Date)

Do you grant permission to Holy Family Passionist Retreat Center to use your child's name or a photo of your child for public relations purposes, which may include press releases, informational brochures, publications and/or the retreat center website?

\_\_\_\_\_ Yes OR \_\_\_\_\_ No

For Medical Release Purposes  
To Whom It May Concern:

As a parent and/ or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for June 26 through June 30, 2017. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_ (parent or legal guardian)                      \_\_\_\_\_ (date)

\_\_\_\_\_ Address                      City                      State                      Zip

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Work Phone

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific medical allergies, chronic illnesses or other condition:

\_\_\_\_\_  
\_\_\_\_\_