

# KCC Bible Camp – St. Charles Borromeo

## Staff Registration

June 17-21, 2024 9:00 a.m. – 12:00 p.m.

**\*Day of prep Friday, June 14, 8:30 – 11:00 a.m.**

Please return your form to St. Charles Faith Formation Office by May 31<sup>st</sup>.

Name: \_\_\_\_\_

(Last, First)

Parent or Adult Email: \_\_\_\_\_



**Questions:** Contact St. Charles Faith Formation Office at (937) 434-9272 or [bgregg@stcharles-kettering.org](mailto:bgregg@stcharles-kettering.org)

Please check one of the following:

\_\_\_\_\_ **Teen Staff** - Grade 7 - Graduating Senior Grade in September: \_\_\_\_\_

**A parent needs to complete the Permission Form on the back**

\_\_\_\_\_ **Adult Staff** – Safe Parish trained? **Yes No** If NO, contact us ASAP to complete online training.

Please contact the Faith Formation Office if you wish to have your children in the nursery or in preschool. Registration fee will apply to preschoolers.

Contact in Case of Emergency: For Adult Staff Only

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies, medical/special needs? \_\_\_\_\_

**Job Preference:** Mark your 1st choice, 2nd choice, 3<sup>rd</sup> choice.

\_\_\_\_\_ Teacher /Adult – Preferred Grade: \_\_\_\_\_

\_\_\_\_\_ Teacher Aide – Assists in classroom – Preferred Grade: \_\_\_\_\_

\_\_\_\_\_ Camper Guide – Guides Campers thru their day - Preferred Grade: \_\_\_\_\_

\_\_\_\_\_ Arts & Crafts

\_\_\_\_\_ P.E.

\_\_\_\_\_ Popsicles

\_\_\_\_\_ Nursery

If you wish to be with a Camper, provide their name:

### **MUSIC** \*\*

\_\_\_\_\_ Musician – Instrument \_\_\_\_\_

\_\_\_\_\_ Singer / Dancer

\_\_\_\_\_ Stage Technicians for Sound & Video

**\*\* All Music Volunteers will have a separate Day of Prep on Sunday, June 16<sup>th</sup>.**

**\*Attention All Staff:** All Staff, with the exception of Music volunteers, are expected to attend the Day of Prep on Friday, June 14<sup>th</sup>, 8:30 AM-11:00 AM. Mass in the Church will be at 8:30 a.m. followed by a meeting and set-up time beginning in Walsh Hall (lower level of the School). This counts as a service opportunity for the teens.

**Camp T-shirts** are optional and available for \$15.00.

Please circle your size: AS, AM, AL, AXL, AXXL

Payable by check to St. Charles, or online at no extra charge using this QR code.



For office use only: Cash/Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Church Agency: Kettering Catholic Community  
Meeting Place: St. Charles Borromeo School  
Location: 4600 Ackerman Blvd., Kettering OH 45429  
Starting/Ending Date: June 14, 17-21, 2024  
Starting/Ending Time: 9:00 a.m.-12:00 p.m.

Activity: Bible Camp Program  
Group Leader: Erin Fanning  
Cost: (1) Camper \$50; (2) Campers \$75; (3+) Campers \$100  
Phone for Faith Formation: (937) 434-9272  
Emergency No: (937) 313-1615 Erin Fanning

**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)**

1. I, the custodial parent/legal guardian of \_\_\_\_\_ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless St. Charles Borromeo ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. *Please indicate.* I ☐ agree ☐ do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I ☐ agree ☐ do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address: \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No (cell): \_\_\_\_\_ ; (other Phone No): \_\_\_\_\_

Emergency Contact Phone No (cell): \_\_\_\_\_ ; (other Phone No): \_\_\_\_\_

**MEDICAL INFORMATION FORM - Completed by Custodial Parent/Legal Guardian — Please Print**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_