

**GreenFaith Kids @ St. Paul's Vacation Bible School '19**  
**Registration**



# Small Footprint Camp

***When we love and respect the Earth, we honor our Creator.***

*Where 4-12 year olds will:*

*Explore their everyday impact on the planet; Prepare zero-waste snacks; Consider God's expectation on Earth Care via Scripture; Put Reduce-Reuse-Recycle into practice; Sing, play games, and create with recycled materials*

Please complete one form per family. Thank you!  
**Small Footprints Camp:** A GreenFaith Kids Camp  
Sponsored by **St. Paul's Episcopal Church, Chatham**  
WHERE: **200 Main Street, Chatham**

**Mon. June 24– Fri. June 28**

**Half Day: 9 AM to Noon**

**Camper Fee for week: \$50.**

*Campers earn Climate Change Certificate from YUNGA (youth division of UN)*

**[www.splashcampnj.com](http://www.splashcampnj.com)**

Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Names, ages, birthdates of participating children:**

1) First Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Allergies? \_\_\_\_\_

2) First Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_

Last Grade Completed \_\_\_\_\_

3) First Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Allergies? \_\_\_\_\_

Family

Address: \_\_\_\_\_

—

City/State/Zip \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Parent's/guardian's Home Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Persons to be contacted in case of an emergency:**

Name \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Name \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Does your child (specify) have any special needs, medical conditions or allergies/medication needs we should be aware of? If yes, explain.

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

My child would like to be in a group with the following friend(s): \_\_\_\_\_

I would like to volunteer:

Arts team  Kitchen team  Games Team  Set-Up  Clean-Up

Payment appreciated with submission of camp registration. Checks may be made payable to **St. Paul's Episcopal Church**.

**Please check if you would like information on any of the following:**

St. Paul's Episcopal Church, Chatham

GreenFaith ([www.greenfaith.org](http://www.greenfaith.org))

**St. Paul's Chatham \* [www.splashcampnj.com](http://www.splashcampnj.com)**

RELEASE OF LIABILITY, PHOTO RELEASE, AND CONSENT TO MEDICAL TREATMENT

**RELEASE OF LIABILITY, PHOTO RELEASE, AND CONSENT TO MEDICAL TREATMENT**

- 1. Release of Liability.** I, for myself, my minor child(ren) and for the child(ren)'s other parent(s) and/or guardian(s), hereby release, waive, discharge, forever hold harmless and covenant NOT to sue St. Paul's Episcopal Church or GreenFaith (the sponsoring organizations) and each of their officers, directors, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, causes of action, court costs, attorneys' fees and other

expenses arising from or relating to any loss, damage or injury to my child(ren)'s person or property in any way resulting from or connected with my child(ren)'s attendance at Small Footprint VBS camp even if the claims arise from loss or injuries caused by the sole negligence or fault of those hereby released (including, without limitation, the failure of anyone to enforce rules and regulations or to make inspections).

**2. Photo Release.** I give permission for my child(ren)'s photo(s), which may be taken during the week, to appear in *local newspapers*. I give permission for my child(ren)'s photo(s) and/or video(s), which may be taken during the week, to be used in future publications, posted on bulletin boards and social media, or on the sponsoring organizations' respective websites.

**3. Consent to Medical Treatment.** In the event my child(ren) become(s) ill or injured, I give my permission for a representative of any of the sponsoring organizations to take whatever steps are reasonably necessary to render emergency first aid to my child(ren). I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of my child(ren) including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon.

By checking here, I agree to the release of liability, photo release, and consent to medical treatment terms as listed above. (This check will serve as your parental/guardian signature covering your entire family) \*  I agree

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

**The person submitting this form represents that he/she is a parent or legal guardian of the child or children named on this registration form, is at least 18 years of age and is legally authorized to submit this form on behalf of the child or children.**

**Contact Person's Name:** \* \_\_\_\_\_

**Contact's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

This is the name of a parent or guardian we will contact to verify this registration.

Please review this form before submitting it. If you have any questions, please contact Camp Director: Betsy LaVela (973.635.7028) or lavela123@gmail.com