



**St. Elizabeth
“Stellar”
Vacation Bible
School**
435 Pershing
Boulevard,
Whitehall

Families are invited to

“STELLAR”...Where we SHINE with the light of Jesus Christ!

Mark your calendars now for this awesome adventure!

New friends * Amazing experience *

Creative crafts & games * Surprising adventures *

Incredible music!

**This week-long event is for
children ages
4 thru entering 5th grade in
the fall.**



The Cost is only \$20.00 per child or \$35.00 for families.

June 26 - 30, 2023 8:45 AM – 12 Noon each day!

Make checks payable to “St. Elizabeth”

VOLUNTEERS NEEDED!

**A great way for our new 8th graders to
fulfill Confirmation service hours!**

**Questions? Please contact: Mary Spieker @
610-266-0695 ext. 208 or Email:**

dirreled@sercc.org



***Please fill out forms completely.
MAIL or drop off form AND payment to:***

St. Elizabeth Parish - VBS, 618 Fullerton Avenue,
Whitehall, PA 18052

***All Attendees & Volunteers please fill out
release/medical/picture form.***

Adult Volunteer's children are FREE!



St. Elizabeth's Vacation Bible School

June 26 – 30, 2023

Join us at: **"STELLAR"** this June where we will discover Bible stories that help us experience, see, hear and touch like we are really there! Experiences include team-building games and unforgettable Bible songs that your kids will sing all summer long!!

Daily adventures start at 8:45 AM

and end at 12 Noon each day. **Registration forms are also available at the parish office or on our parish website or call 610-266-0695 ext. 208.**

Early registration is recommended as we have limited supplies.

Volunteers welcome!



DIOCESE OF ALLENTOWN
PARENTAL/GUARDIAN CONSENT FORM& LIABILITY WAIVER
Parish Name: St. Elizabeth Parish & Regional School

Participant's Name: _____ Age & Grade in Sept. _____

Please check one:

Participant _____ Volunteer _____ Email Address: _____

Birth date: _____ Sex: _____

Parent/Guardian's name(s): _____

Home address: _____

Cell phone: _____ Emergency phone: _____

I (we), _____ grant permission for our child, _____ to
(Parent or guardian's name) (Child's name)
participate in this parish program:

Saint Elizabeth Vacation Bible School – “Stellar” June 26 - 30, 2023

This activity will take place under the guidance and direction of parish/school employees and/or volunteers from (name of parish/school) **Saint Elizabeth of Hungary Parish**. I also give my permission for my child's picture/video to be taken as a part of youth ministry activities & to be used in any promotion of parish youth activities including the website. *(Details regarding multimedia usage found on the back of this form)*

My (Our) child understands and agrees to abide by all rules and regulations established by the parish/school.

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our) child. In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the field trip or other activity outside of my (our) child's school, and with full knowledge of the risks, we, and our heirs, successors and assigns, release and agree to hold harmless and defend, The Diocese of Allentown, Most Reverend Alfred A. Schlert, D.D., J.C.L., the Roman Catholic Diocese of Allentown Charitable Trust, **Saint Elizabeth of Hungary** Charitable Trust, and the _____
(Name of parish/school)
respective members, trustees, directors, officers, employees and representatives, including chaperones, volunteers or any other representatives associated with that activity (all of whom are separately and collectively referred to as the Diocese) from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim results from the negligence of the Diocese.

We have read carefully this entire (pages 1 and 2) Parental/Guardian Permission Form & Release and agree to its terms and intend to be bound hereby.

Participant's signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

If siblings are attending, do you want them to be together in the same group? YES _____ NO _____

DIOCESE OF ALLENTOWN
PARENTAL/GUARDIAN PERMISSION FORM AND RELEASE
MEDICAL MATTERS

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me (us) at the above numbers, contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Medical Insurance Information:

Health Plan Carrier: _____

Group #: _____ I.D. # _____

Subscriber's Name: _____

Please do not send your child if they are sick.

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

I (we) hereby grant permission for non-prescription medication (such as non-aspirin products such as acetaminophen or ibuprofen or throat lozenges) to be given to my (our) child, if deemed appropriate.

Specific Medical Information: The parish/school should be aware of the following medical conditions. (The parish/school will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: (Date of last tetanus/diphtheria immunization): _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child been recently exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? _____

If so, date and disease of condition: _____

Other medical conditions of my (our) child: _____

MULTIMEDIA USAGE: By signing these permission forms I/ we, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by the SCHOOL/PARISH running the trip and the Diocese of Allentown. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, Internet promotions, electronic multi-media or billboard display. I agree that the photograph/ image shall be free for use and release the SCHOOL/PARISH and the Diocese of Allentown, its employees, volunteers and agents for any liability connected with the use of said photograph or image.