



Middleham and St. Peter's Episcopal Parish
P.O. Box 277 Lusby, MD
www.middlehamandstpeters.org
office@middlehamandstpeters.org
410-326-4948

Application

Participant Name: _____

Date of Birth (DOB) Youth: _____ **Age:** _____

Gender: **Female** **Male**

Completed School Grade: _____

Parent/Legal Guardian Name: _____

Home Address:

Home Phone: _____

Work Phone/Dad/Guardian: _____

Work Phone/Mom/Guardian: _____

Cell #/Dad/Guardian: _____

Cell #/Mom/Guardian: _____

Email Address: _____

PERSONS AUTHORIZED FOR PICKUP FROM MSP VBS

Please list any and all names of persons authorized to pick-up your child from regular camp hours. Only those listed will be able to pick up your child – we will not release children to anyone not on this list. **There can be no exceptions, not by phone. All authorized persons must show I.D.**

Name: _____

Relationship to Child: _____

Name: _____

Relationship to Child: _____

Has your child ever been hiking (flat surfaces 1 mile) before? Yes No

Has your child ever attended a VBS or Summer Camp Program before? Yes No

Expectations or goals from the VBS Program:

Program Requirements & Waiver

Understanding that Middleham and St. Peter’s staff, and volunteers have safety in mind at all times, the participant agrees to abide by all rules and regulations pertaining to the, outside grounds and inside the building. Participants must always adhere to a “buddy system”. Participant will dress according to the weather, and will wear comfortable safe footwear. Participants must show respect for their own and other’s personal possessions. For safety’s sake, horseplay is strictly prohibited. Participants share in responsibility of putting away any materials when asked by staff or volunteers. Electronic devices i.e. tablets are strongly discouraged, and all cell phones must be on vibrate or off during VBS hours. Middleham and St. Peter’s Parish is not responsible for damage or loss of participant’s personal belongings.

By my signature, I assume all risks involved with VBS activities my child is participating in. My child has been read the above statement. I will not hold Middleham and St. Peter’s Parish, its owners, clergy, employees, volunteers and representatives, liable for any injury, illness that my child may incur or damage to his/her belongings, knowing that all regulations and safety polices are followed to the best of their ability.

Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE AND EMERGENCY CONTACT FORM



This medical release form must be filled out completely and signed by a parent or guardian. Incomplete forms will not be processed and lack of a signed and completed form will result in a denial of VBS participation.

I, _____ of _____
(parent/guardian) (name of minor child)

hereby authorize consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision. In addition, I authorize Middleham and St. Peter's Parish's authorized adult or the authorized person listed at the bottom of this form, to transport my child for medical attention if I cannot be reached. I voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Middleham and St. Peter's Parish its owners, agents, officers, employees and volunteers, from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of service, or otherwise which may arise from participating in the Vacation Bible School (VBS) activities at Middleham and St. Peter's Parish.

Parent/Guardian Name: _____ **Date:** _____

Address: _____

School Currently Attending: _____

Or attach current record of immunizations

Telephone Numbers

Parent #1 Daytime: _____ Evening: _____

Cell: _____

Parent #2 Daytime: _____ Evening: _____

Cell: _____

Guardian Daytime: _____ Evening: _____

Cell: _____

List any allergies (i.e. food items, bee stings etc.) and treatment required:

List any medications your child will be taking, including the correct dosage (our staff cannot administer medication) or attach:

List any health conditions that we should know about or attach:

Doctor's Name: _____ Doctor's Telephone: _____

Emergency Contact #1: _____ Relationship to child: _____

Phone # _____

Emergency Contact #2: _____ Relationship to child: _____

Phone # _____



SUNSCREEN AUTHORIZATION FORM

The Maryland Dept. of Health and Mental Hygiene has set for these sunscreen procedures per COMAR 10.16.06.33

TO THE PARENTS: This authorization form must be completed and on file with Middleham and St. Peter’s Parish before applying sunscreen at VBS, even if the child will apply his/her own sunscreen. Sunscreen must be provided by the parent and logged in by either our VBS Director or Middleham and St. Peter’s Parish staff every time it is applied during VBS hours. Application of sunscreen should be according to the directions on the container. **CHILDREN MAY NOT APPLY SUNSCREEN TO OTHER CHILDREN.** Parents should have children apply sunscreen at home prior to arrival if possible. Children should, in most instances, apply the sunscreen on their own. Our VBS Director or Staff are available if assistance is needed.

Child’s First Name: _____ *Last Name:* _____

Brand of sunscreen: _____

SPF Date of sunscreen expiration: _____ Can the Staff assist in application? Y N

I have read and understand Middleham and St. Peter’s policy regarding sunscreen application for my child as listed on this form. I approve of the information on this form, and in doing so relieve Middleham and St. Peter’s Parish, it’s agents, employees or representatives of any responsibility for ill effects which may result from the administering of the sunscreen.

Signature of Parent or Legal Guardian

Date

DROP OFF FORMS AT THE MAIN OFFICE OR MAIL COMPLETED FORMS TO:

Middleham and St. Peter’s Parish
c/o Anne Hayes, VBS Director
P.O. Box 277
Lusby, MD 20657

PHOTO/VIDEO/MEDIA RELEASE FORM



I understand that images – still and/or moving–of my child participating in any Middleham and St. Peter's Parish activity or event may be captured including audio, and used for promotional purposes and/or publicity efforts. I understand that these images may be used in a publication, advertisement, parish website, weekly emails, social media, or other forms of promotion and publicity. I understand that efforts will be made to use images in group pictures only. If I do not want single images used I understand to state that below. I understand that at no time will last names ever be associated with any images that may be used for stated purposes. I release Middleham and St. Peter's Parish its rectors, vestry members, employees, volunteers and representatives, and its agents from liability for any violation of any personal or proprietary right I may have in connection with such use. I hereby waive any right to compensation, fee or royalty for myself, my child/ participant or our successors, heirs or assigns in connection with the productions or use of the aforesaid materials.

Name of Child/Participant (PLEASE PRINT):

Parent/Guardian Name (PLEASE PRINT):

Parent/Guardian Signature: _____

Date: _____

Drop off in the Middleham and St. Peter's Parish Office,

Attn: Anne Hayes, VBS Director.

OR MAIL COMPLETED FORM TO:

Middleham and St. Peter's Parish, Attn: Anne Hayes, VBS Director, P.O. Box 277, Lusby, MD 20657

Release will be kept on file and active unless otherwise notified.

Revision Date: 4-20-17

FORM 4/4 - VBS