



**Out To Sea Art Camp**  
**June 19-23, 9:00-Noon**  
**Grades 3-6**  
**Cost: \$30**

**Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent Contact Information**

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

**Email:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Cost: \$30 x** \_\_\_\_\_ **=** \_\_\_\_\_

**Payment:** Cash \_\_\_\_\_ Check# \_\_\_\_\_

**For more information Email or Call the Parish Office**  
**[michele.carr@shrineofpadrepio.com](mailto:michele.carr@shrineofpadrepio.com) or 497-6101**

**Shrine of St. Padre Pio Catholic Church**  
**PARENT/GUARDIAN PERMISSION AND LIABILITY WAIVER**

I grant permission for my child/children to participate in Art Camp at the Shrine of St. Padre Pio Catholic Church. This event will take place under the guidance and direction of parish employees and/or volunteers from the Shrine of St. Padre Pio Catholic Church. I also consent to the use of any videotapes, photographs, slide, audiotapes, or any other visual or audio reproduction with which my child/children may appear. I understand that these materials are being used for the promotion of the Shrine of St. Padre Pio Catholic Church. Such promotional activities extend to the recruitment, fund-raising, advocacy etc.

As parent/legal guardian, I remain legally responsible for any personal action taken by my child/children. I agree on behalf of myself, my child/children, our heirs, successors, and assigns to hold harmless and defend the Shrine of St. Padre Pio Catholic Church, its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising for or in connection with my child's/children's attending this event. I release the staff, volunteers, etc. from any liability connected with the use of picture or voice recordings as a part this event's activities, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

**MEDICAL CONSENT AND PERMISSION TO TREAT**

In the event of an emergency, I give permission to transport my child/children to a hospital for emergency treatment. I am giving medical permission and consent to treat. To the best of my knowledge, my child/children is/are in good health, and I assume all responsibility for the health of my child/children.

**Alternate contact in case of emergency:**

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

Relationship to me or my child/children: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please include a photocopy of your Insurance card, front and back (IF NOT ON FILE)**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

My child/ children immunizations are current and up to date \_\_\_\_\_ Yes \_\_\_\_\_ No.

Please list children's names and any medical issues, allergies, or limitations that could affect their participation in this event's activities:

\_\_\_\_\_

**Parent/Guardian Name (Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**