

St. John Fisher's New Vacation Bible Camp!
July 10-14, 2023 9:00am-2:00pm

Camp Fisher is a fun-filled, exciting program that is much more than a traditional Vacation Bible Camp. Along with lively songs, skits, games, and bible stories children will take part in various fun activities and experiences. All the while having fun while focusing on Christ.

Camp Fisher is staffed by junior high, high school, young adult and adult volunteers working under the direction of the Coordinator of Religious Education. These volunteers are committed to ensuring your children have the best camp experience! Every adult staff and volunteer are required to be fingerprinted and Virtus trained before working alongside the children.

Camp Fisher is for children in TK – Grade 6, while 7th-12th graders are eligible to become camp counselors. The camp counselors are responsible for overseeing the children, and assisting the adult station leads with various fun activities for campers such as: arts & crafts, games, sports, music, dance, etc.

A typical day at Camp Fisher includes:

8:40-9:00am Camper Arrival

9:00-9:30am Morning Rally/Bible Story

9:30-10:00am Session 1 10:00-10:30am Session 2 10:30-11:00am Session 3

11:00-11:45am Lunch (Children bring own lunch)

11:45am-12:15pm Session 4 12:15-12:45pm Session 5

12:45-1:15pm Session 6/Cleanup 1:15-2:00pm Closing Rally 2:00pm Camper Pickup

Special Events:

Theme Days – Campers and counselors come to camp with special gear or clothing inspired by the theme of the day.

Mass – Come celebrate as a family the Holy Sacrifice of the Mass along with your fellow campers.

Water Wars – We will transform the School Courtyard into a water wonderland! Campers will experience fun water games including thousands of water balloons, water guns, kiddie pools, slip and slides, bouncy houses and more!

Justin Fontenot, Coordinator of Religious Education jfontenot@sjf.org
(310) 377-4573

Camper Registration Grades TK – 6 (ages 4-11)

St. John Fisher Catholic Church Camp Fisher 2023

July 10 – July 14, 2023 9:00am-2:00pm

Cost per child: \$250

\$625 for 3 or more children in same family

Parent/Guardian	Email		
Address		·····	
Participant's Names	Date of Birth	Grade in Sep. 2023	T-shirt Size
Child 1			
Child 2			
Child 3			
I request that my child be permitted to pa physical or medical condition my child ha in this activity. My son/daughter has the f restrictions:	is that would prevent m	y child from particip	oating fully
Child 1:			
Child 2:			
Child 3:			

If my child needs to take medication while participating in Camp Fisher, I hereby give my child permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through St. John Fisher, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse St. John Fisher for the cost of any medical treatment and related expense incurred.



Release of Liability: As a condition of participating in Camp Fisher, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and St. John Fisher, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian Signature		Date	
Home Phone	Cell Phone	Work Phone	
Person to Notify in o	ase of Emergency if Pare	nt or Guardian is unavailable:	
Name:		Phone:	
Health Insurance Co	ompany:	Policy No.:	

Please make sure you've completed the entire form, sign and date, and return to the Religious Education Office along with payment. We accept checks and credit cards.

PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR (NONCOMMERCIAL)

This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"): Name of Location: __St. John Fisher Catholic Church The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below. Description of events/activities to which this Release applies: Camp Fisher 2023: 5 days of bible stories, crafts, music, dance, sports, games, and water day. **Duration of Release**: <u>July 10-14, 2023</u> This section to be completed by Parent/Guardian: _____ am the parent/guardian of . a minor. I hereby authorize the Location to use the following personal information about my child: (Please initial the applicable boxes) **Image**: \square yes \square no **Voice**: \square yes \square no **Name**: \square yes \square no **Work**: \square yes \square no I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature:		Date:	
Print Name:		Relationship to Child:	
Address:			
Telephone:	Cellphone: _		
Email:			
Name of Child:		Age:	

