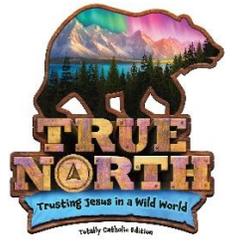




St. Hedwig VBS (Bible Camp)

CAMPER REGISTRATION FORM

(Grades 6 - 8, Jr. High)



St. Hedwig Church is located at: 11482 Los Alamitos Blvd., Los Alamitos, CA

Dates: July 14 - July 18, 2025

Monday -Thursday 8:00am- 12:30pm

Friday 8:00am- 12:30pm (Family prayer service 11:40am)

Theme: True North- Trusting Jesus in a wild world

Jr. High Campers spend ½ their day in Jr. High Camp and the other ½ volunteering.

- They will receive service hours for their time.
- Co-leading in fun interactive stations like Bible adventures, Imagination Station, Glacier games and music.
- Camp T-shirts are to be worn each day at camp for identification purposes.

Registration: Sunday, May 18th 9:00 am - 1:30 pm

- This is ONE DAY and IN PERSON only registration day
- Registration forms can be found in the church vestibule or on our church website under Bible Camp after Easter Sunday.

Fees:

- **\$25.00 per Camper**; 6th -8th grade students in the Fall of 2025
- *Additional T-shirts are available for purchase at **\$10.00** per T-shirt.*

Donations:

 Station in the church Vestibule from May 17th to June 6th.

For anyone desiring to donate.

- Please take an item from the donation list.
- return it to the container in the church or the Faith Formation office by June 6th.
- We appreciate any monetary donations; please specify that it is for Bible Camp.

For additional information, please contact us at the **Office of Faith Formation at 562-296-9023**
or via email at faithformation@sainthedwig.org



St. Hedwig VBS (Bible Camp)

CAMPER REGISTRATION FORM

(Grades 6 - 8, Jr. High)



Dates: July 14 - July 18, 2025
Time: 8:00 am to 12:00pm; Friday to 12:30 pm
Registration Fee: \$25.00 per Camper
 (Make checks payable to *St. Hedwig Church*)

JR. HIGH CAMPER INFORMATION

Jr. High Camper Name Male Female Cell Phone (if any)

School and Grade (as of Sept. 2025) T-Shirt Size (Adult Size S-M-L-XL)

List any Allergies, special concerns, physical limitations or custody issues

PARENT / GUARDIAN INFORMATION

Mother's or Guardian's Name Cell Phone

Father's or Guardian's Name Cell Phone

Home Address City State & Zip

Email Address

VOLUNTEER OPPORTUNITIES

- Co-Crew Leader Photographer Camp Support (*helps where needed*)
- Station Support (*Mark 1 - 5, 1 being your first choice etc.*)
- Games Snack Imagination Station KidVid Song Leaders / Music

Camp T-shirts are to be worn each day at camp for identification purposes.
 Additional T-shirts are available for purchase at **\$10.00 per T-shirt.**

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OFFICE USE ONLY:

Date Rec'd: _____ Cash/Ck#: _____ Amt Pd.: \$ _____ T-Shirt(s) Rec'd: _____

EMERGENCY INFORMATION AND RELEASE FORM
FOR VBS/BIBLE CAMP 2025
MINOR (under 18) CHILD/YOUTH
St. Hedwig Catholic Church - Bible Camp - Diocese of Orange

Jr. High Camper's Name

Date of Birth

List all other medical information/special needs for this child; (Please write "none" if there are none):

INSURANCE INFORMATION

Health Insurance Co.

Policy No.

Name(s) of Parent/Guardian with whom student resides: _____

Both Parents Mother Father Other

List any special family concerns or custody issues: _____

EMERGENCY CONTACT (to whom the child(ren) may be released, **other than parent/guardian**)

Name

Relation

Cell#

I, the parent/guardian of the above-named child, hereby give permission for his/her participation in activities sponsored by Office of Faith Formation of St. Hedwig Church. I agree to direct my son/daughter to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my son/daughter being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

I hereby authorize the making of photographs, audio/video recordings, or other memorializing of said events and my son/daughter's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise I might have to limit or to control such making or use.

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment necessary in case of an emergency.

Parent or Guardian Signature

Date

This authorization shall remain effective until July 30, 2026