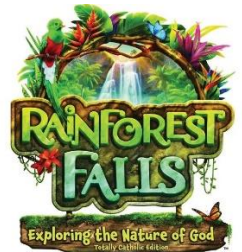




# St. Hedwig VBS (Bible Camp)

## CAMPER REGISTRATION FORM

**(Grades 6 - 8, Jr. High)**



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

### Dates: June 22 - June 26, 2026

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

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

### Theme: Rainforest Falls- Exploring the Nature of God

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, April 26<sup>th</sup>, from 9am to 3pm.

- Space is limited.
- ONE DAY and IN PERSON only registration
- Registration forms can be found in the church vestibule.

### Fees:

- **\$30.00 per Camper**; 6<sup>th</sup> -8<sup>th</sup> grade students in the Fall of 2026
- *Additional T-shirts are available for purchase at **\$10.00** per T-shirt.*

### Donations: Church Vestibule wall from April 19<sup>th</sup> to April 26<sup>th</sup>.

For anyone desiring to donate.

- Please take an item from the donation wall and return it to the container in the church or the Faith Formation office by April 30<sup>th</sup>.

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





# St. Hedwig VBS (Bible Camp)

## CAMPER REGISTRATION FORM

**(Grades 6 - 8, Jr. High)**



**Dates: June 22 - 26, 2026**

**Time:** 8:00 am to 12:00pm; Friday to 12:30 pm

**Registration Fee:** \$30.00 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. 2026)

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

Crew Leader  Co-Crew Leader  Photographer  Camp Support (*helps where needed*)

Music/Song Leader  Bible Adventures Actor  Snacks Helper  Station Support

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.**

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

For additional information, please contact us at the **Office of Faith Formation at 562-296-9023**

or via email at [faithformation@sainthedwig.org](mailto:faithformation@sainthedwig.org)

### **OFFICE USE ONLY:**

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



**EMERGENCY INFORMATION AND RELEASE FORM**  
**FOR VBS/BIBLE CAMP 2026**  
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