



## **Bee Part of the Fun! June 19-23 9:00 am- Noon Maker Fun Factory Volunteer Form**

- Adults and Teens Middle School & High School
- First child of Adult Volunteers attends free!
- Free babysitting offered for younger children of Adult Volunteers (must be potty-trained)
- Complete & return to the PSR Office
- Mark your Calendars for Volunteer Orientation Tues. June 13, 6:00 - 7:30 pm

First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Are you over 18? \_\_\_\_\_

If yes, are you VIRTUS trained? \_\_\_\_\_

If under 18, what grade are you entering? \_\_\_\_\_

T-Shirt Size (circle one):      Adult S      Adult M      Adult L      Adult XL      Adult XXL

I would like to be a (circle as many as you want):

Small Crew Leader/Co-Leader (High School & Adult)

Station Leader/Co-Leader (High School & Adult)

Helper (Grades 6-8)

Set and Décor Creation - Artists and Creative Folks Wanted! (begins mid-May)

Decorating our Fun Factory - Friday, June 16 and Saturday, June 17

If you are under 18, your parent must sign the following medical and photo release:

(See next page or back of printed form)

**Authorization for Medical Treatment**

I, as parent or legal guardian of the minor named above, do hereby give my consent for St. Mary Parish - Hudson staff or other duly authorized adult representative, in the event that all reasonable attempts to contact me have been unsuccessful, to seek medical attention and treatment deemed necessary by medical personnel. I give my permission to transfer my child to the nearest hospital.

Our healthcare insurance carrier is \_\_\_\_\_

This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians concur on the necessity for such surgery and are obtained before surgery is performed.

I understand that no medicine, other than emergency allergy or asthma medicine provided by the parent, or basic first aid (antiseptic, band aid, ice) will be given to any minor without contacting the parent/legal guardian.

Yes, I agree to the Authorization for Medical Treatment

No, I do not agree to the Authorization for Medical Treatment

**Photo Release**

I, as parent or legal guardian of the participants named above, give my permission to St. Mary Parish - Hudson to publish our child’s photo only (no name) in publications/media forms listed below, which includes but is not limited to the publications indicated, exclusively for the purpose of St. Mary Parish - Hudson and its parishioners.

Parish Bulletin, other Parish Publications, Parish Website

Yes, I agree to the Photo Release

No, I do not agree to the Photo Release

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_