

Volunteer for Summer Vacation Kids Camp
Waiver and Liability Release Form

Full Name: -----

Grade Completed: ----- Birthday: ----/----/----- Age: -----

Home Address: -----

Cell phone: (----) ----- Alternate Phone: (----) -----

Parent's Name(s):-----

Emergency Contact: ----- Relationship: -----

Cell phone: (----) ----- Alternate Phone: (----) -----

Medical Concerns: Yes No - If yes, explain -----

Skills: -----

Availability: Monday Tuesday Thursday Time:-----

- The Summer Vacation Kids Camp will be on **Monday, Tuesday, and Thursday** from 9:30 AM-4:00 PM **at the Theotokos Land.**
- **The St. Mark Festival book will be taught during the day.**
- This Summer Camp is for those who are going to 1st- 5th graders.
- Volunteers are responsible for bringing their own **packed lunch & water bottle.**
- The use of cell phones, tablets, iPads, or any other electronic devices is limited during the day.
- If there is any emergency preventing you from attending on a day, please contact the Camp Coordinator.
- Please do not come **if you have any symptoms, cold symptoms, or if anyone in your family is not feeling well, for your safety and the safety of others.**
- You will leave immediately if you do not feel well.
- This application must be turned in by June 5.

By signing below, I assume full responsibility for any risks of harm, injury, or illness which might occur to me. I release **St. George Coptic Orthodox Church in Daytona Beach, Florida** from all liabilities, costs, and damages which might arise from participation in the above named event or activity.

Volunteer Signature: ----- Date: -----

Parent Signature: ----- Date: ----- (if the volunteer is under 18 years old)