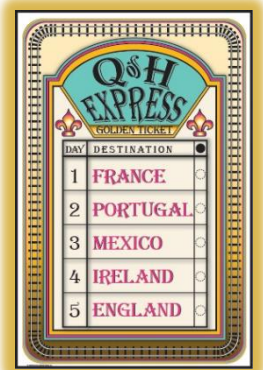




The Queen of Heaven Express
 is leaving the station!
 Mysteries & Messages
 Revealed at Each Stop!
 Discover how Mary brings us
 closer to Jesus through the
 POWER of the ROSARY.

COOL CRAFTS
 FUN GAMES
 UPBEAT MUSIC
 EXCITING
 ACTIVITIES
 CREATIVE SKITS
 BIBLE STORIES

Get Your GOLDEN TICKET
 & Track Mary All Over the World!
FUN-FILLED DAYS AHEAD
AT CATHOLIC KIDZ CAMP!



DATES: July 10 – 14 TIMES: 9 A.M. - NOON
LOCATION: St. Jude Youth Center



	Gender	Grade next year (K-5):
Child's Name: _____	M or F	_____
Child's Name: _____	M or F	_____
Child's Name: _____	M or F	_____
Child's Name: _____	M or F	_____

Please list any food allergies/medical conditions here _____

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Can you volunteer to help? _____

Phone: _____

Registration fee per child @ \$10.00 x _____ = \$ _____

(Late registration fee per child **after July 1**.... @ \$25.00 x _____ = \$ _____)

I have enclosed a check or cash in the amount of **TOTAL** \$ _____

Office Use Only:

Payment Received: \$ _____ by _____ **Cash or Check #** _____





ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY/CASUALTY INSURANCE TRUST

RETURN COMPLETED FORM TO PARISH/SCHOOL/ECCLESIASTICAL ORGANIZATION

ACTIVITY RELEASE FOR MINOR PARTICIPANT

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Work/Cell Phone: _____

I, _____, grant permission for my child,
_____, to participate in the following activities:

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I agree on behalf of myself, my child named as minor participant herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate _____, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of _____ or the Archdiocese of Denver.

Signature: _____ Date: _____

My child has the following restrictions and/or allergies: _____

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Date: _____