



Vacation Bible School Registration and Waiver Release Form

Date: 7/7- 7/11 Time: 9 am-12 Location: Activity Hall

Pre-order CD: \$10 each Qt.____ Total due: \$_____

*Please have children arrive by _____ for Check-in/Registration

Child's Name (Last, First) Completed	T-shirt size	Birthdate	Last Grade

Parent/Guardian Name(s)_____

Address _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Parent email address(es)_____

LIABILITY RELEASE: In consideration of St. Joseph Catholic Church allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless St. Joseph Catholic Church, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless [Name of Church], its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I **DO / DO NOT** (*circle one*) give my consent to St. Joseph Catholic Church to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless St. Joseph Catholic Church from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at

St. Joseph Catholic Church's Vacation Bible School. ****None of the photos will be for personal use.****

I hereby give permission for my child(ren) to participate in Vacation Bible School at St. Joseph Catholic Church on July 10- 14.

Parent/Guardian Signature _____ **Date** _____

Complete one form for each child in the family.

All information will remain confidential to Vacation Bible School staff.

Child's Name _____ **Medical Insurance YES**___ **NO**___
Insurance Company _____ **Policy/GroupID#** _____
Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____
Parent/Guardian phone number(s) _____
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:
Name _____
Phone _____
People authorized to pick up my child _____

Child's Name _____ **Medical Insurance YES**___ **NO**___
Insurance Company _____ **Policy/GroupID#** _____
Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____
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Name _____
Phone _____
People authorized to pick up my child _____

Please return all completed Registration/Permission/Waiver forms to:

St. Joseph Catholic Church VBS, 101 Elmore St. New Waverly TX. 77358 or escobedofamily8@att.net