

Vacation Bible School Registration and Waiver Release Form Date: June 24-28 Time: 9am - noon Location: St.Paul Catholic Church, 1000 W. Wenger Rd.

Child's Name (Last, First	t)	Birthdate	Last Grade Completed
Parent/Guardian Name(s)_			
Address			
Home Phone	Cell Phone	Work	Phone
Parent email address(es)			

LIABILITY RELEASE: In consideration of St. Paul 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. Gaspar family of parishes 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 St. Gaspar Family of parishes, 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. Gaspar family of Parishes 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 harmlessSt. Gaspar family of parishes from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at its 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. Paul Catholic Church on June 24-28.

Parent/Guardian Signature	Date
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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 Name	numbers in case parent/guardian cannot be reached:
Insurance Company	Policy/GroupID#
Insurance Company	Medical Insurance YES NO Policy/GroupID# Conditions
Insurance Company	Policy/GroupID#
Insurance Company Allergies, Medications, and/or Medical (Policy/GroupID# Conditions
Insurance Company Allergies, Medications, and/or Medical C Activity restrictions	Policy/GroupID#Conditions
Insurance Company Allergies, Medications, and/or Medical (Activity restrictions Parent/Guardian phone number(s)	Policy/GroupID#Conditions
Insurance Company Allergies, Medications, and/or Medical (Activity restrictions Parent/Guardian phone number(s) Emergency Contact: person(s) & phone	Policy/GroupID#Conditions
Insurance Company Allergies, Medications, and/or Medical (Activity restrictions Parent/Guardian phone number(s) Emergency Contact: person(s) & phone Name	Policy/GroupID#Conditions

Vacation Bible School Registration and Waiver Release Form (page 3)

Please return all completed Registration/Permission/Waiver forms to: St.Paul Catholic Church,VBS, 1000 W. Wenger Rd., Englewood, OH, VBS or erudemiller@preciousbloodchurch.org

ACTIVITY INFORMATION FORM

B. One-Time Activity

Church Agency St. Gaspar Family of Parishes

Activity Vacation Bible School, crafts, singing, listening to Bible Stories

Location 1000 W Wenger Rd., Englewood, OHEmergency No. (937) 658-0964 Erica cellCost \$25 per kid or \$65 per family

Starting Date and Time Monday June 24-Friday June 28, 9:00 am-12:00 noon

Meeting Place St. Paul Catholic Church