



SAINT ANDREW
CATHOLIC PARISH

VACATION BIBLE SCHOOL

June 25-29, 2018—9 am-noon

Due to limited number of adult volunteers, space is limited. Adult volunteers' children have priority..
Others will be accepted on a first received, first accepted basis

Participant Registration **Registration deadline: June 5, 2018**

Children ages 3 years (as of 9/1/2017) through (rising) 5th grade.
Complete the registration form and return to Saint Andrew Parish,
Pastoral Center by May 20, 2018, for early registration.

****We are unable to accommodate on-site registration.****

Name Birth date Grade completed

Name Birth date Grade completed

Name Birth date Grade completed

Parent/Guardian Name

Email Address *(Primary method of communication.)*

Contact Telephone

Address City/Zip

Fee—Early registration—through May 20, 2018

\$30 per child

Max. per family of 3 or more children—\$85

Fee—After May 20 through June 5, 2018

\$35 per child

Registration includes a participant t-shirt and music CD. Indicate size:

YS YM YL AS AM AL AXL _____ (name)

YS YM YL AS AM AL AXL _____ (name)

YS YM YL AS AM AL AXL _____ (name)

Total amount enclosed \$ _____ ck # _____

*Complete both sides of this form. **Incomplete forms will be returned.***

Registration is not complete without Parent/Guardian Permission/Liability Waiver/Medical Release Form.

**Catholic Diocese of Fort Worth and/or the
Parish of St. Andrew Catholic Church - Vacation Bible School Program
Parent/Guardian/Conservator Permission and Liability Waiver and Medical Release Form**

Childs' Name: _____ Date of Birth: _____ Male / Female _____ Allergies: _____

Child's Name: _____ Date of Birth: _____ Male / Female _____ Allergies: _____

Child's Name: _____ Date of Birth: _____ Male / Female _____ Allergies: _____

Child's Name: _____ Date of Birth: _____ Male / Female _____ Allergies: _____

Any medical conditions we need to be aware of? _____

Parent/Guardian/Conservator's Name: _____ Contact Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Relationship to the son/daughter/participant: _____

Emergency Contact Phone: _____ Insurance Company: _____

Policy / Group #: _____ Doctor's Name: _____ Doctor's Phone Number: _____

Release/Indemnification Information:

I, _____ grant my permission for _____
Parent/Guardian/Conservator's Name *Participant Name(s)*

to participate in Vacation Bible School at St. Andrew Catholic Church beginning the 25 day of June, 2018 and continuing through the 29 day of June, 2018. This activity will take place under the guidance and direction of employees and/or volunteers from the parish of St. Andrew Catholic Church and/or the Diocese of Fort Worth. This indemnification form will be kept on file and will accompany the child on any and all programs and activities of the Diocese of Fort Worth and/or parish of St. Andrew Catholic Church. I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the participant(s) named above.

In the event of an emergency, St. Andrew VBS has my permission to take whatever action it deems necessary for the well-being of my child. If my child should require emergency medical treatment and I, or any other authorized persons, cannot be reached, I give my permission for the VBS Ministry and its volunteers consent for the treatment of my child at an emergency room. St Andrew VBS Ministry has my permission to have my child transported for emergency care by ambulance; no private vehicles will be used to transport a child for emergency care.

I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Fort Worth and/or the parish of St. Andrew Catholic Church and its/their employees and/or volunteers from any and all claims (unless due in part by gross negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the various programs and activities during the dates named above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Parent/Guardian/Conservator Signature *Date*

Promotional Release

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction. I understand that these materials are being used for promotion of the Religious Education Department at Saint Andrew Parish in the Diocese of Fort Worth.

Parent/Guardian/Conservator Signature *Date*