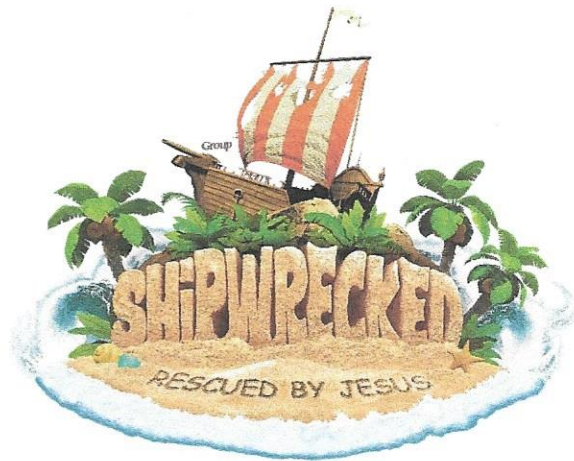


# Vacation Bible School

## 2018

### Registration Form



Child's Name: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last School Grade Completed: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, give the St. Patrick's Church VBS 2018, permission to take my child's image, as such may be embodied in any pictures, photos, digital images, and the like, or made on behalf of VBS 2018 activities.

<b>Emergency Information:</b>
Emergency Contact: _____
Emergency Contact Phone: _____
Relationship to Child: _____
Allergies or Other Medical Conditions: _____

# ST. PATRICK'S /GUARDIAN CONSENT/LIABILITY WAIVER FORM

**IMPORTANT! THIS PAGE MUST BE SUBMITTED WITH THE REGISTRATION FORM!**

To be filled out by the parent or legal guardian of children under 18 years of age.

### NAMES OF CHILDREN/TEENS

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

### MEDICAL CONSENT

In the event of an emergency, I hereby give permission to the staff of St. Patrick Catholic Church to seek emergency medical transport and/or treatment for my child(ren) named ABOVE. I will be responsible for all costs incurred. I wish to be advised before further care is given by the hospital or doctor. If I cannot be reached, contact:

Name & Relationship \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Insurance Name \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  Check here if not insured

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please list medical conditions, medications, and allergies on the back of the Faith Formation registration form.**

### VIDEO /PHOTOGRAPHY CONSENT

As parent /guardian, I understand that promotional pictures and videos (individual and group) may be taken during Pre-K, K, Elementary, Jr. High and Life Teen Faith Formation classes or other activities. I give permission for my child(ren)'s pictures (named ABOVE) to be used for church promotional materials such as newsletters, web pages, calendars, Power Point presentations, or videos to promote or highlight these classes or activities.

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT AND LIABILITY WAIVER

In the event of any accident or injury, I agree on behalf of myself, my child(ren)'s other parent, if known or living, (name of parent) \_\_\_\_\_ the child(ren) named ABOVE, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, its pastor or any representative of Faith Formation and Youth Ministry, unless the parties involved were careless and negligent

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_