

Vacation Bible School

PARTICIPANT REGISTRATION FORM

(One form per child, please)

Saint Ann's Vacation Bible School (VBS) **August 7-11, 2017**, 8:30 a.m.-12:00 Noon.
The program is for children entering Kindergarten through 5th Grade.

Middle and high-school students may use the **Youth Volunteer Registration Form**

Registration Fees:

Early Bird: \$50 per child if registration is received before June 1, 2017.

After June 1, 2017: \$75 for 1 child; \$125 for 2 children; \$160 for 3 or more children.
Please make checks payable to: Saint Ann Church.

Parent/Child Information:

Child First Name: _____ Child Last Name: _____

Nickname: _____ 2017-2018 School Grade: _____

Age: _____ Date of Birth (mm/dd/yyyy): _____

Gender: Male Female T-Shirt Size (youth): _____

Home Parish (if not Saint Ann): _____

Parent Name: _____

Address: _____ City, ST, Zip Code: _____

Email: _____ Home Phone Number: _____

Cell Phone Number: _____ Other Phone Number: _____

Photo Release:

I hereby grant the above named parish permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. I authorize the Diocese of Arlington to use my child's picture or video recording for educational and/or marketing purposes. Parents /guardians who do not wish their child to be photographed or filmed should check this box: Permission NOT granted (opt-out).

Parent Signature: _____

Saint Ann Catholic Church, Arlington, VA Vacation Bible School PERMISSION FORM

As the parent/legal guardian of _____, permission is hereby given for my child to attend **Vacation Bible School (VBS), August 7-11, 2017 at Saint Ann Catholic Church in Arlington, VA.** The meeting time will be at **8:30 a.m.** and the pickup time will be at **12:00 noon in the Parish Hall.** I understand and acknowledge that participation in the activities involves inherent risks of injury to my child.

I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

I authorize the Diocese of Arlington to use my child's picture or video recording for educational and/or marketing purposes. Parents /guardians who do not wish their child to be photographed or filmed should notify the Faith Formation Office in writing.

I understand that in the event my child becomes ill with a communicable illness during the program, I have to make immediate arrangements to retrieve my child from the program.

Emergency Contact & Medical/Health Insurance Information:

Emergency Contact: _____ Emergency Phone: _____

Date of last Tetanus Booster (dTap) _____

Allergies: _____

Medical Issues or Special Needs: _____

Name of Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Parent Signature: _____ Date: _____