

# Vacation Bible School

## YOUTH VOLUNTEER REGISTRATION FORM

(One form per volunteer, 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 5<sup>th</sup> Grade.

### Youth Volunteer Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ 2017-2018 School Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Gender:  Male  Female T-Shirt Size (adult): \_\_\_\_\_

Home Parish (if not Saint Ann): \_\_\_\_\_

Parent/Guardian 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/Guardian 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 serve as a Youth Volunteer for **Vacation Bible School (VBS), August 7-11, 2017 at Saint Ann Catholic Church in Arlington, VA.** The meeting time will be at **8 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: \_\_\_\_\_