

VBS Registration Form

Child 1 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

Child 2 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

Child 3 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

Child 4 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

Mother's Name: _____ Custodial Parent: Yes ___ No ___

Mother's Cell Phone: _____ Mother's E-Mail: _____

Mother's Address: _____

Father's Name: _____ Custodial Parent: Yes ___ No ___

Father's Cell Phone: _____ Father's E-Mail: _____

Father's Address: _____

Emergency Contact Info: _____

Names of people authorized to pick-up child(ren): _____

Signature: _____

Date: _____

Parents/Guardians: Please read the releases below and sign at the bottom. This release is valid until redacted in writing by parents.

Release: To the fullest extent permitted by law, I release Our Lady of Sorrows Catholic Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Our Lady of Sorrows Catholic Church, its trustees officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

General: I give my consent for my child(ren) to attend meetings, activities, and events, both on site and off site. I will be provided specific event information in advance of any activity that will be taking place off-site.

Medical: In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contact listed, I give my permission for my child(ren) to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release Our Lady of Sorrows Catholic Church, its employees and volunteers, and all those related to it, from any liability. I have provided emergency contact numbers and am assured that I will be contacted as soon as possible in the event that there is an emergency.

Transportation: Should transportation be needed, I agree to allow my child(ren) to ride with children leaders, another staff member, a volunteer of the church, or a parent. Appropriate safety standards will be maintained and children will always be provided seatbelts. If no such permission is granted, I agree to transport my child(ren) to and from any offsite event. I understand that it is my child(ren)'s responsibility to wear his/her seatbelt.

Leaving the church: I give permission for my child(ren) to leave the church when supervised by the children's/youth leaders for appropriate activities related to church (such as visiting a nearby shop or business, participating in a scavenger hunt, go on a walk, etc.)

Photograph release: Occasionally photos & videos may be taken during VBS, Sunday school, worship, youth group events, or other church activities. I grant permission for Our Lady of Sorrows Catholic Church to post photos and videos including my child(ren) on its website or in other church publications.

I agree with the above releases.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____