

# Saint Peter's Vacation Bible School

Please complete a form for each child.

Registration Fee ___ cash ___ check
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REGISTRATION DEADLINE IS **JUNE 6, 2019 or until full**

Event VBS ROAR!  
Location Saint Peter's Parish  
Date June 17 – June 21, 2019  
Schedule/ At the Parish Hall  
Cost  Regular Schedule: 9 am – 12:15 pm = \$75/child (family max of \$175)  
 Extended Day: 9 am – 4:00 pm = \$175/child (family max \$475)

Participant's name: \_\_\_\_\_ Grade in **Sept '18** \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ T-shirt Size (Child): \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

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

Email address: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child,  
Parent's name

\_\_\_\_\_ to participate in this parish event.  
Child's name

This activity will take place under the guidance and direction of parish employees and/or volunteers from Saint Peter's Catholic Church.

*As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Peter's Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese. Further, I agree that my child's picture may be used to promote youth ministry events through flyers, brochures and on our website*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* SEE OTHER SIDE FOR MEDICAL INFORMATION \*\*\***

**SPECIAL REQUESTS:** We will try to honor special requests as best as we are able. This includes wanting to be in a specific teacher's class or with friends. **We can do this only before camp begins.** \_\_\_\_\_ initial here that you have read and understand our "Special Request Policy"

Special Requests:

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**MEDICAL MATTERS:**

**1. Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence:

- Allergies? (medications, foods, plants, insects, etc.):

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***If there is a food allergy, we ask that you provide your child's snack for the week.***

- Immunizations: up to date \_\_\_\_\_ Yes \_\_\_\_\_ No
- Any educational or physical limitations? \_\_\_\_\_

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- Be aware of these special medical conditions of my child:

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I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_