**Corpus Christi Catholic Community**

**Vacation Bible School**

**\*Ages 4 through entering 5th Grade**

**Registration Form**

**2019**

**Please check one**

**\_\_\_\_\_\_\_\_Sagrado Corazón: 8/12/19 – 8/16/19**

**\_\_\_\_\_\_\_\_St. Joseph Church: 8/5/19 – 8/9/19**

**9:00a.m. to noon**

Child’s Name Date of Birth\* Grade Entering in Fall 2019

**\*Child must be 4 years old by 8/8/19 to participate**

**If entering 6th, 7th or 8th Grade, students may register as a Counselor-In-Training**

**If entering 9th, 10th, 11th or 12th Grade, students may register as a Counselor**

**Parent/Guardian Name:**

Address:

E-Mail:

**Phone Numbers:**

Home: Cell:

Work: Other:

**Emergency Contacts:**

Name: Phone #:

Name: Phone #:

**Dismissal Information:**

Name the person(s) who may pick up the child from VBS each day

Please indicate any specific concerns about your child’s allergies, medical concerns, cognitive disabilities, history of trauma or abuse, behavioral diagnosis, etc…including if they will carry epi-pens or inhalers:

Volunteering: VBS is run by volunteers that meet the Safe Environment qualifications. Please inquire with the VBS director if you would like to volunteer.

Yes, I give permission for my child to be photographed or videotaped as part of Corpus Christi Catholic Community activities. I recognize that his or her image may appear in a church or community publication.

No, I do not give permission for my child to be photographed or videotaped as part of Corpus Christi Catholic Community activities.

**Registration Fee is $20 per child with a maximum of $30 per family. There is a $5 fee for each Counselor and Counselor in Training. If you choose to attend both VBS weeks, a separate registration / fee is required for each week.**

**Parent Signature: Date:**

**PLEASE COMPLETE REVERSE SIDE**

**Corpus Christi Catholic Community**

**Indemnification, Release, and Medical Treatment Consent Form**

**Vacation Bible School 2019**

I, , am the parent or guardian having legal custody of , a minor, age , born in , who is, with my permission, enrolled in the Corpus Christi Catholic Community Vacation Bible School (VBS Program).

I hereby authorize the Director of Religious Education for St. Joseph Church or any other adult acting as an agent or representative of St. Joseph Church to take any and all actions that may be necessary or proper to provide for, or to arrange for the provision of, the health care of such minor, including, but not limited to (i) providing for such health care at any hospital or other institution, or employing any physician, dentist, nurse, or other person for such health care, and (ii) consenting to and authorizing any health care, including but not limited to the administration of anesthesia, the taking of x-rays, the performance of tests and operations, and other procedures by physicians, dentists, nurses, and or other medical personnel. I agree to be responsible for any and all charges incurred in connection with any care or treatment rendered pursuant to this authorization, even if an employee, agent, or representative of St. Joseph Church, St. Mary Church, or Sagrado Corazon Church has signed documentation promising to pay for such care or treatment.

On behalf of the minor listed about, the minor’s parents and/or legal guardians, I agree to defend, hold harmless, indemnity and release of St. Joseph Church, St. Mary Church, Sagrado Corazón Church and its officers, trustees, employees, agents, representatives, volunteers, and all others who are involved in the VBS program from and against all claims, demands, actions or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from such minor’s participation in the VBS Program. This release includes all claims based on the negligence of St. Joseph Church, St. Mary Church, Sagrado Corazón Church and its officers, trustees, employees, agents, representatives, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence.

**Parent/Legal Guardian Signature Date**

**Physician’s Name: \*Preferred Hospital:**

**Physician’s Telephone #:**

**Dentist’s Name:**

**Dentist’s Telephone #:**

***\*The signer acknowledges that St. Joseph Church does not guarantee that the preferred hospital will be utilized.***

Office Use Only:

Payment Received (Y/N): Check/Cash: Date: