



Registration Form

Precious Blood Church Vacation Bible School Monday, June 11—Friday, June 15

Parent's Name _____ Email Address _____

Address _____ Phone _____

Emergency Contact and Cell Numbers _____

Name of Person Picking Child/Children Up From VBS _____

Child's Name _____ T-Shirt Size – YS YM YL AS

Date of Birth _____ Grade Entering This Fall _____

SPECIAL NEEDS WE SHOULD KNOW ABOUT TO BETTER SERVE YOUR CHILD?

Child's Name _____ T-Shirt Size – YS YM YL AS

Date of Birth _____ Grade Entering This Fall _____

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Child's Name _____ T-Shirt Size – YS YM YL AS

Date of Birth _____ Grade Entering This Fall _____

SPECIAL NEEDS WE SHOULD KNOW ABOUT TO BETTER SERVE YOUR CHILD?

I, _____, Would Like to Help By:

- | | |
|--|---|
| <input type="checkbox"/> Class Guide | <input type="checkbox"/> Help set up for picnic on Friday afternoon |
| <input type="checkbox"/> Help in Cafeteria with Snacks | <input type="checkbox"/> Clean-up after picnic |
| <input type="checkbox"/> Help in Arts/Crafts Area | |
| <input type="checkbox"/> Helping in the nursery
(For teacher's babies/tots) | |

Please circle which days you are available to help: Monday Tuesday Wednesday Thursday Friday

Registration fee \$25.00 for first child, \$15 per family member thereafter. Fee Includes a T-shirt for each child and Arts and Crafts supplies. Please make check payable to Precious Blood Church. Registration can be mailed, returned to the parish or school office, or dropped in the collection basket at church by Friday, May 4.

Friday evening we will be holding a Family Picnic after the closing ceremonies. More details on the picnic will be sent home with the children.

Questions? Please contact Audra Schue at 812-631-4745 or audra.schue@yahoo.com
Bonnie Meadows at 812-482-4461 or bmeadows@evdio.org

BACK PAGE MUST BE SIGNED

DIOCESE EVENT WAIVER & RELEASE

I/We, the parent(s) of the above named youth, hereby give my/our approval for his/her participation in **Vacation Bible School**. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, Precious Blood Parish, Fr. Gary Kaiser, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury.

In case of emergency or serious illness, should my child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF THE PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, & the Diocesan Off-site Transportation Policy & I/we agree to be bound by the terms & conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya.html) I acknowledge & understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

WAIVER FOR PERMISSION TO PHOTOGRAPH

I, the undersigned, do hereby consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for the purpose of event/program promotion and/or ministry development. I do hereby release to the Catholic Diocese of Evansville its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's image or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that the Catholic Diocese of Evansville is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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Please print, sign, & date below...

(Parent/Guardian Printed Name)

(Signature)

(Date)

THIS PAGE MUST BE SIGNED!!!