



Precious Blood Catholic Church

1385 West Sixth Street, Jasper, IN 47546

Phone 812-482-4461 Fax 812-482-7762

**Precious Blood Church invites your child(ren) to
Rainforest Falls VBS: Exploring the Nature of God!**

June 8 to June 11, 9am-noon each day



At Rainforest Falls, kids explore the nature of God—discovering who God is and how much he loves them! Kids participate in memorable Bible-learning activities, sing catchy songs, play teamwork-building games, make and devour yummy treats, experience one-of-a-kind Bible Adventures, collect Bible Memory Buddies, and test out sciency-fun experiments they'll never forget. Plus, kids will learn to look for evidence of God all around them through something called God Sightings. Each day concludes with a Canopy Closing that gets everyone involved in living what they've learned.

Rainforest Falls is for kids who will be in their second year of Preschool through 5th Grade in the 2026-2027 school year. Older siblings, parents, and even grandparents are encouraged to volunteer to help; we need many hands to make VBS a success!

For more information, contact:

Emily Ketzner, Faith Formation Coordinator

Phone: 812-482-4461 x240

Email: eketzner@evdio.org

Please complete the enclosed registration form and return it to the Precious Blood office by Friday, May 8.

Registration fee is \$25 for first child, \$15 per family member thereafter, checks payable to Precious Blood Church. Fee includes VBS music – CD or digital download (one per family), Kid-sized Book of Psalms (one per child), take home gifts, and station supplies.

Precious Blood does not desire that the cost prohibit any child from participating in VBS; please call the office if we can assist you in any way.

“you were ransomed . . . with the precious blood of Christ”

1 Peter 1:18,19

Precious Blood Church
Vacation Bible School Registration Form
Monday, June 8 - Thursday, June 11
9:00 AM - 12:00 PM



Parent's Name _____ Email Address _____

Address _____

Phone where you can be reached during VBS _____

If parent cannot be reached, please call (name and number) _____

Name of Person Picking Child/Children Up From VBS _____

How would you like to receive the music? (circle) CD Digital Download

Child's Name _____

Date of Birth _____ Grade Entering This Fall _____

Allergies, medical conditions, or special needs: _____

Child's Name _____

Date of Birth _____ Grade Entering This Fall _____

Allergies, medical conditions, or special needs: _____

Child's Name _____

Date of Birth _____ Grade Entering This Fall _____

Allergies, medical conditions, or special needs: _____

I, _____, **Would Like to Help By:**

- | | |
|--|--|
| <input type="checkbox"/> Class Guide | <input type="checkbox"/> Plan & Organize Science Station |
| <input type="checkbox"/> Plan & Organize Snack Time | <input type="checkbox"/> Help with Science Station |
| <input type="checkbox"/> Help in Cafeteria with Snacks | <input type="checkbox"/> Plan & Organize Recreation Time |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Help with Recreation Time |
| <input type="checkbox"/> (For teacher's babies/tots) | <input type="checkbox"/> Plan & Organize Bible Station |
| <input type="checkbox"/> Help decorate | <input type="checkbox"/> Help in Bible Station |

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

Registration fee \$25.00 for first child, \$15 per family member thereafter. Fee Includes VBS music (one per family), Book of Psalms (one per child), take home gifts, and station 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 8.

Questions? Contact Emily Ketzner at 812-482-4461 or eketzner@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. Brian Emmick, 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.

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.

Please print, sign, & date below...

(Parent/Guardian Printed Name)

(Signature)

(Date)

THIS PAGE MUST BE SIGNED!!!