



# Vacation Bible School 2017 Registration

*Please return this form to the parish office or at check-in with registration fee of \$15/child or \$30/family. Return only one form per family. Please make any checks payable to St. Wenceslaus with "VBS" in notation.*

Name of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name(s) of Child(ren)	Allergies, Medications & Dosage, Medical Conditions, Food Restrictions	Grade in 2017-2018 school year

Name of Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT INFORMATION:** Please list the name and phone number of an adult to reach in case of emergency in the event that you cannot be reached at the numbers above.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*(Continued on back)*

### Medical Authorization:

I understand that St. Wenceslaus Church assumes no responsibility for accidents which may occur in association with church events and activities. I agree to use my/our personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

### Permission for Other Medical Matters:

\_\_\_ YES, in the event it comes to the attention of the parish staff/volunteers that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

### Release of Liability for Youth and Adults:

I understand all reasonable safety precautions will be taken at all times by St. Wenceslaus Church and its employees and agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless St. Wenceslaus Church and its leaders, employees, and volunteer staff from any and all claims arising from or in connection with attending this event.

### Code of Behavior for Youth and Adults:

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from St. Wenceslaus Church or its chaperones/ representatives.

### Photo release:

\_\_\_ YES, I hereby authorize St. Wenceslaus Church and its agents to utilize photographic and/or video images of me or my child for church use. In giving my consent, I hereby indemnify and hold harmless St. Wenceslaus Church and its agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

Signature of Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_