



Vacation Bible School 2017 Registration

*Please return this form to the parish office by **Friday, July 7**, 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_____