



St. Francis Xavier Church Vacation Bible School

July 9-July 13th: 9:00-12:00

Ages: PK3 to entering 6th grade

Please note: children may not be dropped off earlier than 8:50.

(Please fill out and return forms along with fees to the Parish Office.)

Registration Deadline is Friday June 29th 2018. Register early before all spaces are filled.)

Father/Guardian _____ Mobile: _____ Home: _____

Mother/Guardian _____ Mobile: _____ Home: _____

Address: _____ City _____ State ___ Zip _____

E-mail address: _____

If unable to reach you - Emergency Contact: _____ Phone: _____

Are you registered at St. Francis Xavier _____ Yes _____ No

Child 1: Last _____ First _____ Date of birth _____

Grade Fall 2018 _____

Does your child have any medical conditions, allergies to food, or learning disabilities that we need to be aware of? Please explain: _____

Child 2: Last _____ First _____ Date of birth _____

Grade Fall 2018 _____

Does your child have any medical conditions, allergies to food, or learning disabilities that we need to be aware of? Please explain: _____

Child 3: Last _____ First _____ Date of birth _____

Grade Fall 2018 _____

Does your child have any medical conditions, allergies to food, or learning disabilities that we need to be aware of? Please explain: _____

****PHOTO RELEASE, MEDICAL AUTHORIZATION, & CONCENT RELEASE LIABILITY FORMS****

ON NEXT 3 PAGES - PLEASE COMPLETE THE BACK OF THIS FORM AND FRONT/BACK OF 2ND PAGE

MAKE SURE YOU LIST ALL CHILDREN ON EACH FORM!!!

(All forms must be signed by parent/guardian!)

Fees: \$30 per child / \$70 per family of three or more. Fees are due with registration form.

Office only:

Amount of Payment Received \$ _____ # of Children _____ Cash or Check # _____ Date _____



Diocese of Venice
1000 Pinebrook Rd., Venice, FL 34285
(941) 484-9543

**AUTHORIZATION FOR RELEASE AND USE OF STUDENT IMAGE
IN PHOTO, VIDEOTAPE OR OTHER MEDIA**

I, the undersigned parent/legal guardian of _____, a
minor/student in Grade _____, hereby grant to St. Francis Xavier (Parish) the
following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above minor in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video tape, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter on the school's Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate my minor's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of minor; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the videotape, still photos, or other media incorporating the image of minor will become the property of the school. I hereby waive the right to inspect or approve my minor's image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of minor's image, and nothing herein will create any obligation on the part of school to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, St. Francis Xavier Catholic School/Parish, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of minor's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Parent/Guardian's Signature

Date

Address

Phone



**CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM
FOR TRIPS AND EVENTS OF DIOCESAN SCHOOLS/YOUTH OUTREACH/
RELIGIOUS EDUCATION PROGRAMS**

NAME OF PARTICIPANT _____

DOB: _____

ADDRESS _____

PHONE: _____

E-MAIL _____ SCHOOL _____

OR PARISH NAME (for Religious Ed/Youth Outreach) St. Francis Xavier

I, the undersigned adult participant or parent/legal guardian of the above named minor participant (for myself and any named minor, our heirs, personal representatives, assigns and next of kin), request permission to participate in the various field trips and other on and off site activities of the above school/parish youth program throughout the year. I understand that I will receive notice of scheduled field trips and events via an Event Notification Form, and my signature consenting to my or my minor's participation shall also indicate the inclusion of the terms of this Consent, Release of Liability and Indemnification Agreement to each trip or event. In consideration for the agreement by the school/parish to permit my/minor's participation, and intending to be legally bound, I do hereby:

1. Release, discharge and covenant not to sue the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School; and their employees, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury to the person or property of minor child in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional misconduct;
2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to student's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;
3. I do further agree that school/parish officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded. I will be responsible for any and all travel costs incurred to return the above named early from the event/trip.
4. I understand that throughout the year I/my minor may be informed via an Event and Trip Notification Form of youth related activities apart from those on-site activities which are school/parish sponsored. If I do not give permission and sign the Event and Trip Notification Form, I am responsible for myself or the supervision of my minor at such event should I choose to attend independently of the program, although agents, employees and volunteers of the school/parish youth program may also plan to be present at such events.
5. I understand that the school/parish youth program may include sports (football, swimming, wrestling, etc.) and/or other risky activities (rafting, etc.). These sports activities involve certain risks including, but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to, serious injury, potential for permanent paralysis, or death. The sporting activities may be conducted at sites that are at some distance from available medical assistance, and any equipment provided for protection may be inadequate in preventing serious injury.
6. I further represent that the above named is covered by accident and health insurance, and I agree to maintain coverage in full force and effect for the duration of the year. I have completed a Medical Authorization which is on file with the sponsoring school/parish in the event emergency medical care is required. I understand that the school/parish/Diocese provides no insurance which will cover my child in conjunction with future trips. I agree to full financial responsibility for any medical treatment provided to him/her.

Parent/Guardian Signature _____ Date: _____



DIOCESE OF VENICE IN FLORIDA

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian