

Vacation Bible School Registration

Christ And Me Project

Where Your Gifts are Discovered!!

June 18—22, 2018, 8:30 —11:45 am

Please fill out ONE form for EACH child



Child's Name: _____ Date of Birth: _____

TSHIRT SIZE: Child S M L Adult S M L XL

Grade (in fall 2018): _____ School: _____
(students entering Grades K5 - 5th Grade are eligible to participate / 6th grade and up can help with the program)

Parent(s) name: _____ Parent(s) email: _____

Address: _____

Phone #: HOME: _____ CELL: _____

Emergency Contact (other than parents):

Name: _____ Phone/Cell #: _____

**Medical Conditions / allergies: _____

Medication currently taken: _____

Please print instructions for allergies, medications, and/or medical/health concerns on a separate sheet & attach to this form.

Name of Primary Physician: _____ Phone: _____

Insurance Carrier: _____ Insurance Phone#: _____

Policy Holder and ID# _____

Date of last Tetanus booster _____

I consent to the participation of my CHILD/WARD in **St. Leonard CAMP VBS 2018**. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify St. Leonard Congregation (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent Signature

Date

- OVER -

Archdiocese of Milwaukee Release of Information Form (for Audio/Visual)

"Each parish/school should establish policies regarding the release of names, addresses, phone numbers, and images of students, faculty, staff, and school families. For inclusion in directories, brochures, websites, or any other medium, permission needs to be obtained from the individual(s) involved, and in the case of minors, from their parent/guardian.

General group pictures of students, staff, etc. without specific identification of individuals are not subject to this policy" (P1112).

I, _____, consent to the use by St. Leonard Christian Formation Office of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child/ren may appear. I understand that these materials are being used for promotion of St. Leonard Christian Formation Office. Such promotional activities extend to recruitment, fundraising, advocacy, etc. I release the staff, volunteers, etc. of St. Leonard School/Christian Formation Office from any liability connected with the use of my or my child/ren's picture or voice recording as part of any of the above or similar activities.

Parent Signature

Date

Parent/Guardian ADULT Volunteer Form

We need you to participate in at least one area below - please indicate in which area(s) you can offer assistance:

Craft Assistance (circle the days) M T W TH F

Donating snack items (details to follow)

Helping with snack time (circle the days) M T W TH F

Small group leader M T W TH F

Games/Activities M T W TH F



Name: _____ Phone: _____

Email: _____

FEES (fill out ONE "Fees" section per family)

Child's Name: _____ x \$25 (maximum \$75 per family)

TOTAL PAID: _____

PAID: (circle one) CASH CHECK CHECK # _____

**Checks payable to St. Leonard Congregation
DEADLINE FOR REGISTRATION: June 4, 2018**

**Return to: St. Leonard Christian Formation Office,
W173 S7777 Westwood Drive, Muskego, WI 53150**