

"Wilderness Adventure Through the Sacraments"
Vacation Bible School
June 3-7, 2024, 8:45 a.m. - Noon

St. John the Evangelist Catholic Church
5301 Daylight Drive, Evansville, IN 47725 / (812) 867-3718

**Cost for Participants: \$20 for 1 Child,
\$40 for 2 Children, or \$60 for 3+ Children**
Checks Payable to St John Church



Participant Registration Form (Ages 4-12)

Fill out 1 form per child and return it to the Parish Office by Wednesday, May 24th or you can fill out the digital form online you can find the link on our website.
(t-shirts are not guaranteed afterward)

Name: _____ Church where registered: _____

Age as of June 3, 2024: _____ Date of Birth: ____/____/____ Sex (*circle one*): M or F

T-Shirt Size (*circle one*): Child-S (6-8) Child-M (10-12) Child-L (14-16) Adult-S Adult-M Adult-L

Allergies, Medical Conditions, and Medications: _____

Family Physician, Insurance Carrier and Policy #: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

Parent/Guardian Phone: _____ Email: _____

Is anyone by court order or decree designated as the sole, custodial parent? If so, whom: _____

List anyone restrained from picking up child: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone: _____ Email: _____

(Continued on back)

Catholic Diocese of Evansville Event Waiver and Release

I/We, the parent(s)/guardian(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. 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, St John the Evangelist Parish, Fr. Chris Forler, Pastor, 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/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical 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 any prescribed medication listed on this registration 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, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya.html). I acknowledge and 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.

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.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

Questions? Contact Mary Shetler, mshetler@evdio.org, or call the Parish Office at (812) 867-3718.

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St. John the Evangelist Catholic Church

5301 Daylight Drive, Evansville, IN 47725 / (812) 867-3718

No Cost for Volunteers

T-shirts are \$5 each

Checks Payable to *St John Church*



Volunteer Registration Form (Ages 13+)

Fill out 1 form per volunteer & return to Parish Office by Wednesday, May 24th (t-shirts are not guaranteed afterward)

Yes! I am interested in helping with (please check as many as interest you):

- | | | |
|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Crew Leader | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Games | <input type="checkbox"/> Snacks |

Name: _____ Church where registered: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: ____/____/____ Sex (circle one): M or F

T-Shirt (\$5) Size (circle one): Child-M (10-12) Child-L (14-16) Adult-S Adult-M Adult-L Adult-XL Adult-2XL

If you need childcare, please list the children's names and ages: _____

If volunteer is *under 18* years old, please complete this section:

Allergies, Medical Conditions, and Medications: _____

Family Physician, Insurance Carrier and Policy #: _____

Parent/Guardian Name(s): _____ Phone: _____

Parent/Guardian Address: _____ Email: _____

Is anyone designated as the sole custodial parent by court order or decree? If so, whom: _____

List anyone restrained from picking up child: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Email: _____ Email: _____

(Continued on back)

If volunteer is over 18 years old, please complete this section:

I have completed Youth Protection Training in _____ Parish in the city of _____.

I am over 18 years old and have completed Diocesan Criminal background check (*circle one*): Yes or No

If you have not completed Youth Protection Training (or are unsure), please contact Mary Shetler at the Parish Office.

Catholic Diocese of Evansville Event Waiver and Release

I/We, the parent(s)/guardian(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event and/or I wish to attend the above event as a participant, chaperon, leader, or in another capacity. 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, St John the Evangelist Parish, Fr. Chris Forler, Pastor, 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 myself and/or 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 personal/child's health and safety while I/he/she is at functions/events, 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/we may desire to purchase to protect myself/ourselves and/or my/our child against the costs of sickness or injury.

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, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya.html). I acknowledge and 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.

In the case that I am a parent/guardian completing this waiver for a minor, in case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical 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 any prescribed medication listed on this registration form (including over-the-counter drugs).

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.

Printed Name: _____
(Parent/guardian printed name and signature in the case of a volunteer under 18 years old.)

Signature: _____ Date: _____

Questions? Contact Mary Shetler, mshetler@evdio.org, or call the Parish Office at (812) 867-3718.