

**Blessed Mother Catholic Church  
Vacation Bible School Registration Form**

**PERMISSION**

**PURPOSE:** This Permission Form is intended to cover all diocesan-, deanery-, and parish-sponsored activities for anyone under the age of eighteen (18). Persons eighteen (18) years of age or older may act as their own legal guardian and can sign for themselves.

Minor Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parish where family is registered \_\_\_\_\_

\*\* I hereby consent to the use of a photograph of my child for the purpose of publication: Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Father's \_\_\_\_ or Legal Guardian's \_\_\_\_ Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother's \_\_\_\_ or Legal Guardian's \_\_\_\_ Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Name of someone other than parent/legal guardian who may be contacted in case of an emergency:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is anyone designated as the primary or sole custodial parent by court order or decree? Name: \_\_\_\_\_  
Name anyone who is restrained from picking up the child: \_\_\_\_\_

**LIABILITY RELEASE**

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro, KY and Blessed Mother Catholic Church. I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and Blessed Mother Catholic Church, including, but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers, and chaperones, from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of PCL, Youth Representative, etc.)

**(turn over)**

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS**

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of any **prescription medications** and concise directions, including dosage and frequency of dosage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given: Acetaminophen: Yes/No \_\_\_\_\_

Ibuprofen: Yes/No \_\_\_\_\_

Any allergies (food, latex, animals, etc.)? Yes/No \_\_\_\_\_ Allergic to any medications? Yes/No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Contact lenses? Yes/No \_\_\_\_\_

Any swimming restrictions: Yes/No \_\_\_\_\_ If Yes, what? \_\_\_\_\_

Any activity restrictions? Yes/No \_\_\_\_\_ If Yes, what? \_\_\_\_\_

In case of medical or surgical emergency, I hereby request and give permission to the Catholic Diocese of Owensboro for the hospitalization and/or provision of necessary medical treatment for the above-named child. I understand that I am responsible for the cost of any medical treatment (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

Name of Health Insurance Company: \_\_\_\_\_  
Insurance Policy #: \_\_\_\_\_

**\* Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness to Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If there are any changes in the information on this form, it is your responsibility to notify the appropriate leader and get the form updated (e.g., insurance policy changes, changes in medical condition or medicines, court orders, etc.).*

**VACATION BIBLE SCHOOL**

**Please fill in the following information:**

Grade the participant will be entering in the Fall: \_\_\_\_\_ # of children registered for VBS: \_\_\_\_\_

Amount due (\$10 per child; \$25 per family (3 or more children): \_\_\_\_\_ Amount paid: \_\_\_\_\_