



ROCKY RAILWAY

JESUS POWER PULLS US THROUGH

VACATION BIBLE SCHOOL

Immaculate Conception Church
June 14-18, 2021

Family Name: _____

Parents/Guardians' Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Main Phone #: _____ Mom's Alternate Phone #: _____

E-Mail: _____ Dad's Alternate Phone #: _____

Registration Information				
Child's First Name	Child's Last Name	Grade (2021/2022)	Gender	T-Shirt Size (Child sizes)
			F M	XS S M L XL
Medical Alerts or Restrictions:				
			F M	XS S M L XL
Medical Alerts or Restrictions:				
			F M	XS S M L XL
Medical Alerts or Restrictions:				
			F M	XS S M L XL
Medical Alerts or Restrictions:				

NEW!!
 How would you like to receive your Music Recordings for Rocky Railway?
 Please circle one: CD or Digital Download

A fee of \$25/child with a maximum of \$50/family. Fee will include t-shirt, snacks, science and craft supplies, and more! (Be sure to register by May 30th to ensure supplies for your child!). Please enclose payment with your registration form. Checks may be made payable to: **Immaculate Conception Church**. Thank You!

Registration Fee: _____ # of children x \$25/Child = _____ (Family Maximum \$50)

Return to: Attn: Lynette, Immaculate Conception Church, 555 8th Street SW, Pine City, MN 55063

PARENT/LEGAL GUARDIAN PERMISSION FORM AND INDEMNITY AGREEMENT

Our CHILD or CHILDREN, (full names) _____
is/are eligible to participate in this program with the Immaculate Conception Church that requires permission.
*These activities will take place under the guidance and supervision of staff and
volunteers from Immaculate Conception Church.*

***Rocky Railway Vacation Bible School, parish based, youth bible school program.
At Immaculate Conception Church
Week of June 14-18, 2021***

I consent to the participation of my child/ward in Rocky Railway Vacation Bible School. In consideration for my child/ward's participation, I agree to reimburse and indemnify Immaculate Conception Church (understood to include Diocese of Duluth) for all reasonable legal and court fees incurred by the church which relates to the above named activity if the church is found not legally liable by the courts and prevails in the lawsuit. If Immaculate Conception Church is found liable for injuries sustained by my child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and the 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 Immaculate Conception Church to clarify any concerns or questions about the activity or this agreement that I may have had. I also remain legally responsible for any personal actions taken by my child and will be liable for any damage caused by them.

Parent/Legal Guardian's Signature

Date

Address

Home Phone

Work/Cell Phone

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child/ward to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

MEDICAL INSURANCE COMPANY

PHONE NUMBER

In the event of any emergency, if you are **unable to reach a legal guardian**, please contact:

Name

Relationship

Phone Number

Photography Release Statement

_____ I hereby **grant permission** for my child to be photographed and/or videotaped during Immaculate Conception Church functions, including Religious Education and VBS. I understand that my child may decline to be photographed and/or videotaped at any time. I understand that the resulting photographs and/or videotaped footage may be edited if necessary, and then published, including to the immaculate Conception Website, and/or broadcast for the purpose of promoting Immaculate Conception Church, which may include advertising materials, articles in the local newspaper or any other items that the priest may deem appropriate.

_____ I hereby **decline** to grant permission for my child to be photographed and/or videotaped during Immaculate Conception Church functions. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify Immaculate Conception Coordinators that he/she may not be photographed and/or videotaped under any circumstances.

Name of Child/ren: _____

Parent Signature: _____ Date: _____