



~ ROAR ~

Life is wild 🐾 God is Good!
 Immaculate Conception Church
 June 17-21, 2019

Family Name: _____

Parent/Guardian' 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 (2019/2020)	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:				

A fee of \$25/child with a maximum of \$50/family. Fee will include music CD, t-shirt, snacks, science projects and all craft supplies (**not** all items guaranteed if form received after May 30th). 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 = _____ (Maximum \$50)

Return to: Attn: Laura, Immaculate Conception Church, 535 8th Street SW, Pine City, MN 55063

(Continue)

**PARENT/LEGAL GUARDIAN PERMISSION FORM
AND INDEMNITY AGREEMENT**

Our CHILD/REN, (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.*

***ROAR VBS, parish based, youth bible school program will take place at
Immaculate Conception Church
Week of June 17-21, 2019***

I consent to the participation of my child/ward in ROAR VBS. 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

(Continue)

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: _____