

San Sebastian Catholic Church

VBS 2019 Child Camper Registration Form



Cost is \$10 per Camper. Please submit cash or check.

Make check out to San Sebastian Catholic Church.

Subject VBS

Child's Name _____

Parent/Guardian Name(s) _____

Address _____

Mailing Address (if different) _____

Phone Numbers: (Please circle the best number to reach you at during VBS)

Home _____ Work _____ Cell _____

Email _____

Age Information Birth date _____ Last grade completed in school _____

Medical Information

Medical or other information we need to know. (Please include any food allergies.)

Emergency Contacts (other than listed above)

Names & Phone numbers

Dismissal Information

Who may pick up your child at the end of each VBS day?

Other Information

Does your child attend Religious Education, Catholic School, or another Religious Education program? If so where?

If your child is visiting our church, who is he a guest of?

May we have permission to photograph your child? Yes No

May we have permission to use your child’s photograph for the purpose of promotion? Yes No

I request that my child, _____, be allowed to participate in San Sebastian Catholic Church VBS. I grant permission for the Diocesan employees or volunteers to administer first aid and to seek emergency medical treatment in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child’s parents, personal representatives, assigns, heirs and next of kin.

(Parent/Guardian/Representative Signature) (Date) (Printed Name of Parent/Guardian/Representative)

Child Photography Release Form Without compensation I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video of my child taken during VBS. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

(Parent/Guardian/Representative Signature) (Date) I do not grant the above Photography release.