

Vacation Bible School 2019 Registration Form

“ROAR: Life is Wild, God is Good”

Cost on or before May 31 is \$40/child, max \$100/family
On June 1 the rate increases to \$50/child, max \$130/family

- Note:**
1. Children must be age 4 by September 1, 2019.
 2. Please complete **one form for each child.**
 3. Registration fee must be included with this form. Checks payable to Church of St. Pascal Baylon.
 4. **No registrations accepted after June 9th.**

Child's Name _____
Please print name as it should appear on nametag.

Parent/Guardian Name(s) _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Parish ___ St. Pascal's ___ Presentation ___ Blessed Sacrament ___ Other _____

Check the school grade **COMPLETED** as of June 2019

_____ age (if not in school) ___ K ___ Gr 1 ___ Gr 2 ___ Gr 3 ___ Gr 4 ___ Gr 5

Special Needs (*learning, medical, **food/drug allergies**, diet, separation anxiety, etc.*)

Emergency Contact _____

Relationship to Child _____ Phone _____

Those **NOT** authorized to pick up your child _____

Request to be in group with (one name only, please) _____

“Roar: Life is Wild, God is Good” Music CDs available for \$7 each. If you would like to order one for your family, indicate the number desired here and add \$7/CD to your payment: _____

T-shirt Order (for all children registered by June 9)

Cost is included in registration fee. If not completed, a size based on age will be assigned.

Youth Size ___ XS ___ S (6-8) ___ M (10-12) ___ L (14-16) ___ XL (18-20)
Adult Size ___ S ___ M ___ L ___ XL ___ XXL

IMPORTANT—PLEASE COMPLETE OTHER SIDE

For Office Use Only

Date paid: _____ Amount: _____ Check #: _____ Received by: _____

Parental Consent Form and Indemnity Agreement

I, _____, grant permission for _____
Parent/Guardian Name *Child's Name*

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Pascal Baylon, Presentation of the Blessed Virgin Mary Church, Blessed Sacrament Church and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of St. Pascal Baylon, Presentation of the Blessed Virgin Mary Church, Blessed Sacrament Church and the Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event mentioned above. I also agree to pay reasonable attorney fees or expenses incurred by the Church of St. Pascal Baylon, Presentation of the Blessed Virgin Mary Church, Blessed Sacrament Church and the Archdiocese of St. Paul & Minneapolis in defense of such a claim/suit.

Emergency Medical Treatment

In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name *Phone Number*

Family Health Plan Group Number: _____

Family Doctor: _____ Phone _____

Medication my child is presently taking: _____

Does child carry and Epinephrine Pen (Epi-Pen)? Yes No

Photo Release

I, the parent/guardian, release the Church of St. Pascal Baylon/Presentation of the Blessed Virgin Mary Church/Blessed Sacrament to use my child's photo for educational or promotional purposes.

Parent/Guardian Signature

**Please be sure to fill out
BOTH sides
of the registration form
COMPLETELY.
Thank you!**