



# VACATION BIBLE SCHOOL

## Participant Registration Packet

At Totally Catholic Scuba VBS, kids dive into friendship with God. Kids will experience the ever-flowing, never-ending love of God. They will be immersed in the Word and discover what living water is really all about! Scuba is filled with awesome Scripture-learning experiences kids see, hear, and touch! Hands-on science experiments, team-building games, unforgettable Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life. Plus, we'll help kids discover how to see evidence of God in everyday life—something we call God Sightings®.

**Where:** St. Pascal Baylon Church  
1757 Conway Street, St. Paul, MN 55106

**When:** June 24-28, 2024 from 9 am - Noon

**Who:** Children ages 4 (by 9/1/24) thru Grade 4 are welcome -  
invite your friends!

**Youth in Grades 5-12 are welcome as leaders and assistants.**

**Adult volunteers are needed in all areas.**

**NOTE: There are separate forms for youth and adult volunteers.**



**Cost:** \$40/child or \$100/family (3 or more children)

**Limited Scholarships available—contact Kim Roering**

- Fee includes one t-shirt per child!
- "SCUBA" Music CDs OR Music Video Take Home Streaming Cards available for \$8 each.

**Deadline:** Friday, May 24, 2024 *(no registrations accepted after this date)*



**For more information or to volunteer contact:**

Kim Roering  
kim.roering@stpascals.org  
651.432.4958



# Vacation Bible School 2024 Registration Form

## "SCUBA: Diving Into Friendship With God"

Cost \$40/child, max \$100/family (3 or more children)

- Note:**
1. Children must be age 4 by September 1, 2024.
  2. Please complete **a separate form for each child.**
  3. **Please submit a check** made out to St. Pascal Baylon with your form(s) **or pay online** at [stpascals.org](http://stpascals.org) by going to Donate Online and scrolling to Faith Formation section. Enter amount by Vacation Bible School.
  4. **No registrations accepted after May 24, 2024.**

**PLEASE PRINT CLEARLY. PLEASE COMPLETE ENTIRE PACKET.**

Child's Name \_\_\_\_\_

*Please print name as it should appear on nametag.*

Parent/Guardian Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Best Phone \_\_\_\_\_ Whose? \_\_\_\_\_

Other Phone \_\_\_\_\_ Whose? \_\_\_\_\_

Email Addresses \_\_\_\_\_

Parish ☐ St. Pascal's ☐ Other \_\_\_\_\_

Check the school grade **COMPLETED** as of June 2024:

\_\_\_\_\_ age (if not in school) ☐ K ☐ Gr 1 ☐ Gr 2 ☐ Gr 3 ☐ Gr 4

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) \_\_\_\_\_

**IMPORTANT—PLEASE COMPLETE OTHER SIDE**

Child's Name \_\_\_\_\_

**"SCUBA" Music CDs OR Music Video Take Home Streaming Cards are available for \$8 each.** If you would like to order one or more for your family, indicate number desired here and add appropriate amount to your fee:

\_\_\_\_\_ # Music CDs

\_\_\_\_\_ # Music Video Streaming Cards

### T-SHIRT ORDER

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

### 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 St. Pascal Baylon Catholic Church and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against St. Pascal Baylon Catholic 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 St. Pascal Baylon Catholic 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 St. Pascal Baylon Catholic Church to use my child's photo for educational or promotional purposes.

**CHECK ONE:** \_\_\_Yes \_\_\_No

\_\_\_\_\_  
*Parent/Guardian Signature*

**IMPORTANT! PLEASE ALSO COMPLETE NEXT SHEET: AUTHORIZATION, CONSENT AND RELEASE FORM**

### For Office Use Only

Date Form Rec'd: \_\_\_\_\_ Date paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Received by: \_\_\_\_\_

**AUTHORIZATION, CONSENT AND RELEASE FOR USE OF  
VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of \_\_\_\_\_ (full name of minor) ("My Child").

I grant the following rights to **St. Pascal Baylon Catholic Church and the Archdiocese of Saint Paul and Minneapolis**:

1. The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of **St. Pascal Baylon Catholic Church** and the Archdiocese of St. Paul and Minneapolis;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter **on St. Pascal Baylon Catholic Church's** and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published;**
4. The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
5. The right to copyright, in the name of **St. Pascal Baylon Catholic Church** and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
6. The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and
7. The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of **St. Pascal Baylon Catholic Church**. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless **St. Pascal Baylon Catholic Church**, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform **St. Pascal Baylon Catholic Church** in writing and that my rescission will not take effect until it is received by **St. Pascal Baylon Catholic Church**. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that **St. Pascal Baylon Catholic Church** and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

**Please initial:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.**

Parent/Guardian Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_