



Vacation Bible School Registration and Waiver Release Form

Date: July 12, 19, 26, & August 2

Time: 5pm-7pm

Location: St. Rita Learning Center 211 Washington St.

\*Please have children arrive by 5:00pm for Check-in/Registration

Child's Name (Last, First)	Birthdate	Last Grade Completed

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent email address(es) \_\_\_\_\_

LIABILITY RELEASE: In consideration of St. Rita Catholic Church allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless St. Rita Catholic Church, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless St. Rita Catholic Church, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I DO / DO NOT (circle one) give my consent to St. Rita Catholic Church to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless St. Rita Catholic Church from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at [Name of Church]'s Vacation Bible School. \*\*None of the photos will be for personal use.\*\*

I hereby give permission for my child(ren) to participate in Vacation Bible School at St. Rita Catholic Church on July 12, 19, 26, & August 2, 2022 from 5pm-7pm.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete one form for each child in the family.**

*All information will remain confidential to Vacation Bible School staff.*

Child's Name _____	Medical Insurance YES ___ NO ___
Insurance Company _____	Policy/GroupID# _____
Allergies, Medications, and/or Medical Conditions _____	
_____	
Activity restrictions _____	
Parent/Guardian phone number(s) _____	
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:	
Name _____	
Phone _____	
People authorized to pick up my child _____	
_____	

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Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:	
Name _____	
Phone _____	
People authorized to pick up my child _____	
_____	

Please return all completed Registration/Permission/Waiver forms to:

Sunday Collection Basket OR

[stritchollyre@gmail.com](mailto:stritchollyre@gmail.com) OR

St. Rita Catholic Church VBS  
309 E Maple St.,  
Holly, MI 48442