

2017 VBS REGISTRATION FORM

PARTICIPANTS' INFORMATION

(Please print clearly and use the name your child likes to go by.)

1. Name: _____ Age: _____ Gender: ☐ F ☐ M Date of Birth: _____

Grade you are entering in Sept.: _____ School _____
Shirt Size (check one)*: ☐ S ☐ M ☐ L Attending: _____

Allergies or other Medical Condition: _____

2. Name: _____ Age: _____ Gender: ☐ F ☐ M Date of Birth: _____

Grade you are entering in Sept.: _____ School _____
Shirt Size (check one)*: ☐ S ☐ M ☐ L Attending: _____

Allergies or other Medical Condition: _____

3. Name: _____ Age: _____ Gender: ☐ F ☐ M Date of Birth: _____

Grade you are entering in Sept.: _____ School _____
Shirt Size (check one)*: ☐ S ☐ M ☐ L Attending: _____

Allergies or other Medical Condition: _____

4. Name: _____ Age: _____ Gender: ☐ F ☐ M Date of Birth: _____

Grade you are entering in Sept.: _____ School _____
Shirt Size (check one)*: ☐ S ☐ M ☐ L Attending: _____

Allergies or other Medical Condition: _____

***SHIRT SIZES are: S (6-8), M (10-12), L (14-16)** *(They are comfy 100% preshrunk cotton T-Shirts)*
(Adult sizes are available upon request.)

PARENTS'/GUARDIANS' INFORMATION

E-Mail Address: _____

Mother's Name: _____

Home Ph #: _____

Mother's Address: _____

Work/Cell Ph #: _____

Father's Name: _____

Home Ph# _____

Father's Address: _____

Work/Cell Ph #: _____

Students live with: ☐ Both Parents ☐ Guardian ☐ Father ☐ Mother

In case of Emergency, contact: _____

Phone: _____

Relationship to child: _____

OTHER INFORMATION

Fee: \$45 per child with a maximum of \$110 per family.
Register by May 22, 2017 and receive a REDUCED FEE of \$40 per child

Total fee enclosed: \$_____ (Includes VBS theme T-Shirt)

Make checks payable to Holy Rosary.

SPACE IS LIMITED SO REGISTER EARLY!!!

****** SIGN BACK OF FORM ******

**PARENTAL PERMISSION AND ACKNOWLEDGEMENT OF
Conditions for Participation in Program**

I/we, parent(s) or authorized guardian of the child(ren) named above give permission for his/her participation in the **Vacation Bible School Program (June 19 - 23, 2017) at Holy Rosary Church, Antioch, CA**, and all related activities.

1. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from Holy Rosary Religious Education staff or adult volunteer leaders.
2. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any Holy Rosary Religious Education activity, whether or not caused by the negligence of the parish, Holy Rosary Religious Education program employees, agents or volunteers or other participants.
3. I/we understand that children participating in Holy Rosary Religious Education activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the Holy Rosary Religious Education program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the Holy Rosary Religious Education activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Holy Rosary Religious Education activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above. Needs to be signed by at least one Parent or Guardian.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Picture Release Statement

I hereby grant permission for my child(ren) to be photographed and or videotaped during. I understand that my child(ren) may be photographed at any time. I further grant permission for the photographs to be published on Holy Rosary Church website, Church Bulletin and/or Parish Newsletter.

Name of Parent (*please print*) _____ Relationship to child(ren): _____

Agree Parent/Guardian Signature _____ Date _____

Disagree Parent/Guardian Signature _____ Date _____