

## St. Anthony & OLPH Vacation Bible School Registration & Permission Form

Date:        /        /			
Child's Name:	Grade:	Age:	Health Consideration/Allergies:
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Parent's/Guardian's Name	Cell Phone: Home Phone:		
Mailing Address:	City:	Zip Code:	
Physical Address:	Email:		

**Please list the name(s) of person(s) you give permission to pick up your child/children from Vacation Bible School:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list name of an Emergency Contact/Phone Number (other than the person listed above or yourself):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY PERMISSION SECTION:**

The bearer of this letter has my permission as parent or legal guardian\* to act on my behalf in any emergency dealing with the health and welfare of my child and to obtain emergency treatment for them by a licensed physician.         YES         NO

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**Permission/Waiver:** By signing this Permission/Waiver Form, I expressly warrant that the child/children named above is capable of withstanding both the physical and mental demands of the Vacation Bible School. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release St. Anthony's Parish and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in Vacation Bible School. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against St. Anthony's Parish or its ministers, leaders, employees, volunteers, or agents.

I also grant permission to the CDA volunteers to take photos of the participants for church Ad purposes.

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\*The term "parents" will heretofore refer to the biological, adoptive, or court-appointed legal guardians of students attending St. Anthony Catholic School.

**For Office Use Only:**

Attendance:    \_\_\_\_\_ July 8th    \_\_\_\_\_ July 9th    \_\_\_\_\_ July 10<sup>th</sup>    July 11<sup>th</sup>    \_\_\_\_\_ July 12<sup>th</sup>

Notes: \_\_\_\_\_