St. Cletus VBS 2019
Registration Form 2

To be used for
VBS Child Attendee – complete these two forms and submit fee
Volunteers – Complete this side only

I, _____ give _____ permission to participate in the
(name of Parent/Guardian) *(Child's Name)*

Roar Vacation Bible School, June 17-21, 2019 at St. Cletus Parish.

While attending Vacation Bible School, I hereby agree to RELEASE, INDEMNIFY, and HOLD HARMLESS, St. Cletus Parish, its employees, volunteers and agents, the Archdiocese of Chicago and the Catholic Bishop of Chicago, (a corporate sole) from any and all liability which may arise from my child's participation in the above mentioned activities. Liability to extend to all accidents, illnesses or injuries (including the probability of death) which may either directly or indirectly befall my child while participating in the above mentioned program.

I give permission for St. Cletus Parish representatives to photograph and use images, without names in bulletins and website promotions.

In the event that a medical emergency shall befall my child, I now provide a member of the St. Cletus VBS team, the ACTING POWER OF ATTORNEY, to initiate and oversee any emergency medical care that may be deemed necessary on my child's behalf until a time when I may be present to authorize the same. To assist in the administration which may be necessary, I provide the following information to be true.

Special Needs or allergies of child: _____

Medical Insurance Company: _____ Insurance #_____

Policy in Name of _____ Child or Volunteer Date of Birth:_____

Grade in Fall of 2019 _____

Shirt Size (circle): Child Medium Child Large Adult Small Adult Medium
Adult Large Adult X-Large

Form completed for: Child VBS Participant Jr High Volunteer HS Volunteer
Adult Volunteer

X _____ Family Email Address_____
Parent/Guardian Signature or Volunteer Signature

_____
Address City/State/Zip

_____
Home Phone Cell Phone/Emergency Phone