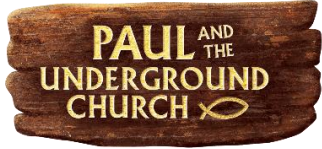
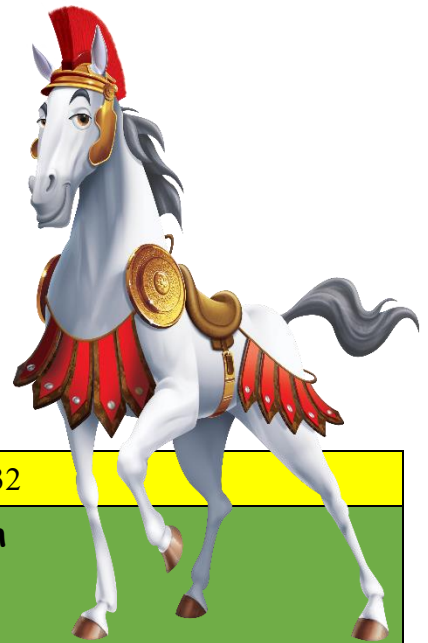


# ROME



## VBS Child Registration



St. Vincent de Paul Catholic Church: 680 W. Memorial Drive, Dallas, GA 30132

**Monday, June 22<sup>nd</sup> - Friday, June 26<sup>th</sup>**

M&T 9-12:45 p.m. / W-F 9-12:00 p.m

\$30 Per Child / \$60 Max per Family

**Ages 4 - 12**

Child's Name	Grade Completed	Age	Gender M/F	T-shirt Size XS S M L

This is a **FAMILY** centered VBS. Parents are welcome to attend with their child. Will you be attending? Yes  No

**Do you have a 7-12<sup>th</sup> grade child willing to help with VBS?**

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

**Text Giving:**

Text **GIVE** to 770-766-4925;  
then choose Rel. Ed. Tuition  
or

Scan QR Code below:



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

Contact Phone during VBS week: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Other Emergency Contact Person: \_\_\_\_\_

Food Allergies: NO YES If yes, list: \_\_\_\_\_

Medical Concerns: NO YES If yes, explain: \_\_\_\_\_

*If you are willing to help with VBS, please check here and we will give you a call \_\_\_\_\_*

**Please complete reverse side.**

I/We the parent(s) of: (please print) do hereby give my/our approval for him/her to participate with the **(Vacation Bible School)** that is sponsored by **(St. Vincent de Paul)**. I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone, also the Archdiocese and its representatives, successors, supervisors, sponsors, organizers and participants for any injuries in connection with the program named above. I likewise release from my responsibility any person transporting my child to and from any of the activities. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

**Attach a copy of insurance card.**

**If no insurance information, parent must stay on site.**

My child is allergic to: \_\_\_\_\_ Current medication (and dosage): \_\_\_\_\_

*All prescribed medications are to be provided by the parent, with written instructions.*

Other medical, physical, or general information: \_\_\_\_\_

\_\_\_\_\_ By initialing here, I grant permission for **non-prescription** medications to be given, if deemed appropriate by adult chaperone(s).

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

Printed Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.