



**Vacation Bible School Registration and Waiver Release Form**

**Date: August 5-8, 2024**

**Time: 6-8pm**

**Location: Immaculate Conception Marian Hall**

\*Please have children arrive by 5:45pm for Check-in/Registration

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

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

**Address** \_\_\_\_\_

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

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

**Insurance Company** \_\_\_\_\_ **Policy/Group ID#** \_\_\_\_\_

**Emergency Contact (in case parents cannot be reached):**

**Name & Phone #** \_\_\_\_\_

**People authorized to pick up my child(ren)** \_\_\_\_\_

(All information provided will be kept confidential).

**LIABILITY RELEASE:** In consideration of Immaculate Conception Church allowing the above child(ren) to participate in Vacation Bible School (VBS) activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Immaculate Conception 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 VBS. 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.

(Please Complete the back)

**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 Immaculate Conception Church VBS 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 [*Name of 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 Immaculate Conception 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 Immaculate Conception Church on August 5-8<sup>th</sup>, 2024.

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

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

**Immaculate Conception Church VBS,**

**Kelly Smith 304-290-9168 [kazdavis3@gmail.com](mailto:kazdavis3@gmail.com)**

**Or Place in the Collection Basket.**