

2019 VACATION BIBLE SCHOOL REGISTRATION FORM



WHO: ALL PK-5th Graders (as of July 1, 2019) ***EVERYONE IS WELCOME!***
PLUS Adult, Middle School Youth (Grades 6-8), and High School
Teens (Grades 9-12) as Volunteer Coaches and Assistant Coaches

DATES & TIMES:

Sunday, July 14: **Family Opening Ceremonies** 6:30 — 8:00 pm

Monday, July 15 through Friday, July 19: **“Cathletics”** 8:15 am — 1:00 pm

Friday, July 19: **Family Closing Ceremonies & Awards** 6:30 — 8:30 pm

WHERE: St. John Neumann Catholic Parish, 44800 Warren Rd, Canton

Registration Type (Please Check One Only):

- I am registering my child[ren] who will be attending “eCat” Encounter Catechesis “All Inclusive” Programming at SJN in 2019-20.
- I am registering my child[ren] who are SJN parishioners and who will be attending Catholic School or Home School in 2019-20.
- I am registering my child[ren] who are not SJN parishioners.

FAMILY INFO

Family Name: _____ Are you a registered parishioner at SJN?: Yes No

If “No,” Please List Your Parish/Church _____ and City _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone #: _____ Family Email: _____

Father’s First Name: _____ Nick Name: _____ Last Name: _____

Cell Phone #: _____ Email: _____

Mother’s First Name: _____ Nick Name: _____ Last Name: _____

Cell Phone #: _____ Email: _____

| CHILD INFO | CHILD INFO | CHILD INFO |
|--|--|--|
| First Name: _____ | First Name: _____ | First Name: _____ |
| Nick Name: _____ | Nick Name: _____ | Nick Name: _____ |
| Last Name: _____ | Last Name: _____ | Last Name: _____ |
| Age (on 7/1/19): _____ D.O.B.: _____ | Age (on 7/1/19): _____ D.O.B.: _____ | Age (on 7/1/19): _____ D.O.B.: _____ |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F Grade (on 7/1/19): _____ | Gender: <input type="checkbox"/> M <input type="checkbox"/> F Grade (on 7/1/19): _____ | Gender: <input type="checkbox"/> M <input type="checkbox"/> F Grade (on 7/1/19): _____ |
| Child T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL | Child T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL | Child T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL |
| School (for 2019-20): _____ | School (for 2019-20): _____ | School (for 2019-20): _____ |
| List All Allergies, Medications, and Other Pertinent Information/Comments: _____ _____ _____ | List All Allergies, Medications, and Other Pertinent Information/Comments: _____ _____ _____ | List All Allergies, Medications, and Other Pertinent Information/Comments: _____ _____ _____ |

OVER →

To Whom It May Concern: As parent/Guardian, I hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name(s) of Child[ren]: _____ **Relationship to You:** _____

Reason for Which Release is Intended: General and Emergency Treatment **Your Emergency Phone #:** _____

Family Physician: _____ **Physician Phone #:** _____

Physician Address: _____ **City:** _____ **Zip:** _____

Health Insurance Company: _____ **Policy #:** _____ **Group #:** _____

I further authorize the person who presents my child to sign the Acknowledgement of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

This authorization is signed of my own free will for the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Signed: _____ Print Name: _____ Date: _____

PARENT/GUARDIAN PERMISSION FORM: "CATHLETICS" VACATION BIBLE SCHOOL

Dear Parent or Legal Guardian: Your son/daughter is eligible to participate in the 2019 "Cathletics" Vacation Bible School event to be held at SJN facilities. These activities will take place under the guidance and supervision of employees from St. John Neumann Parish.

Name of Event: **"Cathletics" Vacation Bible School**

Destination/Location: **St. John Neumann Catholic Parish, Canton**

Designated Supervisor of Event: **Tim Flaherty, Religious Formation Director**

Date and Time of Event: **Sunday, July 14 (6:30-8:00 pm), Monday through Friday, July 15-19 (8:15 am-1:00 pm), and Friday, July 19 (6:30-8:30 pm)**

Method of Transportation: **Parents, Guardians, or Their Designated Drivers Pick Up and Drop Off**

If you would like your child[ren] to participate in this event, please complete and return this form, including the following statement of consent and release of liability. As parent or guardian, you remain fully responsible for the actions and conduct of your child[ren].

***** **STATEMENT OF CONSENT** *****

I hereby consent to participation by my child[ren], _____ in the events described above. I understand that these events will take place at St. John Neumann parish grounds and that my child will be under the supervision of designated parish employee(s). I further consent to the conditions stated above upon participation in this event, including the method of transportation. In consideration of my child[ren] being allowed to participate in this event. I acknowledge that my child[ren]'s photo or image via video may be taken and posted (without names) in the parish bulletin and/or website. I hereby agree on behalf of myself and my child[ren], to release St. John Neumann Parish, the Roman Catholic Archdiocese of Detroit, and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child[ren], or on behalf of my child[ren], arising from or relating to my child[ren]'s participation. If this release is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless all Releasees from any and all claims, including negligence, which may be asserted by me or my child[ren], or on behalf of my child[ren], arising from or relating to my child[ren]'s participation. This release, indemnification, and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence, nor does it apply to the extent of commercial insurance coverage for any claim, but it shall apply to the extent of any self-insurance or deductible applicable to any claim.

(Print Parent's or Guardian's Name)

(Parent's or Guardian's Signature)

Date)

REGISTRATION DEADLINE IS 4:00 PM, JUNE 30, 2019

I AM REGISTERING _____ CHILDREN IN THE 2019 "CATHLETICS" VACATION BIBLE SCHOOL ON JULY 14-19, 2019.

THE COST IS \$50 PER PARTICIPANT, AND MY TOTAL AMOUNT DUE IS \$ _____ WHICH I WILL PAY VIA

CASH CHECK CREDIT/DEBIT CARD

SJN OFFICE USE ONLY

B _____

P _____

C _____

Check # _____ Date: _____