



St. Padre Pio's 2019 VBS Registration ~ July 15-19 9am-12pm

St. Padre Pio Fees: \$ 30 first child; \$25 each additional child (max fee \$80 per family)

Are you planning on volunteering? YES NO *Adult Volunteer \$20 per child*

Family's Last Name: _____

Parent/ Guardian: _____ email (PRINT) _____

Home phone# _____ Mom's cell # _____ Dad's cell# _____

Childs 1 Name: _____ Grade entering in Fall: _____ DOB: _____ Gender: M F Special Concerns/allergies/medical needs: _____ T-shirt size: YS YM YL AS AM AL AXL
Childs 2 Name: _____ Grade entering in Fall: _____ DOB: _____ Gender: M F Special Concerns/allergies/medical needs: _____ T-shirt size: YS YM YL AS AM AL AXL
Childs 3 Name: _____ Grade entering in Fall: _____ DOB: _____ Gender: M F Special Concerns/allergies/medical needs: _____ T-shirt size: YS YM YL AS AM AL AXL
Childs 4 Name: _____ Grade entering in Fall: _____ DOB: _____ Gender: M F Special Concerns/allergies/medical needs: _____ T-shirt size: YS YM YL AS AM AL AXL

Physician's Name _____ Phone# _____ Hospital Pref: _____

In case of emergency and parent/guardian unavailable who should we contact and how?

AMOUNT PAID = _____ CASH CHECK# _____ PAYABLE TO ST. PADRE PIO

I hereby GRANT or DO NOT GRANT (please circle one) permission for St. Padre Pio Catholic Church to use pictures of my child (ren) in online communications, including the parish website, for informational or promotional purposes and DVD slideshow.

Parent/Guardian signature _____ Date _____

**Shrine of St. Padre Pio Catholic Church
PARENT/GUARDIAN PERMISSION AND LIABILITY WAIVER**

I grant permission for my child/children to participate in Vacation Bible School (VBS) at the Shrine of St. Padre Pio Catholic Church. This event will take place under the guidance and direction of parish employees and/or volunteers from the Shrine of St. Padre Pio Catholic Church. I also consent to the use of any videotapes, photographs, slide, audiotapes, or any other visual or audio reproduction with which my child/children may appear. I understand that these materials are being used for the promotion of the Shrine of St. Padre Pio Catholic Church. Such promotional activities extend to the recruitment, fund-raising, advocacy etc.

As parent/legal guardian, I remain legally responsible for any personal action taken by my child/children. I agree on behalf of myself, my child/children, our heirs, successors, and assigns to hold harmless and defend the Shrine of St. Padre Pio Catholic Church, its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising for or in connection with my child's/children's attending this event. I release the staff, volunteers, etc. from any liability connected with the use of picture or voice recordings as a part this event's activities, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

MEDICAL CONSENT AND PERMISSION TO TREAT

In the event of an emergency, I give permission to transport my child/children to a hospital for emergency treatment. I am giving medical permission and consent to treat. To the best of my knowledge, my child/children is/are in good health, and I assume all responsibility for the health of my child/children.

Please include a photocopy of your Insurance card, front and back (IF NOT ON FILE)

Insurance Carrier: _____ Policy Number: _____

My child/ children immunizations are current and up to date _____ Yes _____ No.

Please list children's names and any medical issues, allergies, or limitations that could affect their participation in this event's activities:

Parent/Guardian Name (Print)

Signature

Date