



VBA 2017 Registration Form

When: June 26th-June 30th 2017

Time: 9:00am-12:00pm

Where: St. Catherine of Alexandria Church

Who: Kids 3 years – 6th grade

Child 1: Name _____

Age _____ Grade completed June 2016 _____ Male/ Female

T-Shirt Size: YOUTH XS S M L XL or ADULT S M L

*Allergies _____

Child 2: Name _____

Age _____ Grade completed June 2016 _____ Male/ Female

T-Shirt Size: YOUTH XS S M L XL or ADULT S M L

*Allergies _____

Child 3: Name _____

Age _____ Grade completed June 2016 _____ Male/ Female

T-Shirt Size: YOUTH XS S M L XL or ADULT S M L

*Allergies _____

****A snack will be served daily, if your child has an allergy you are welcome to pack a small snack for them to enjoy.***

Parent Name _____

Cell Phone _____ Work/homePhone _____

Email _____

Home Address _____

Cost per child: \$25.00

____ I would like to register my child(ren) \$ _____

____ I would like to donate for VBS supplies \$5.00

____ I would like to sponsor a VBS child \$25.00

TOTAL \$ _____

*Please make checks payable to St. Catherine of Alexandria *VBS 2017 in Memo line*

Return Registration forms to Letha in the faith formation office or
to the Parish Office no later than June 1, 2017

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, Ca 92404-4641 (909) 475-5167
CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404-4641 (909) 883-6001
Ministry with Youth Office 1201 E. Highland Ave, San Bernardino, Ca 92404 (909) 475-5167

Event: **Vacation Bible School**

Location: **St. Catherine of Alexandria, Temecula**
 41875 "C" Street, Temecula, CA 92592

****Please check one:**
 Adult (18 and older)
 Youth (under 18)

Phone: (951) 676 - 4403

Date & Time of Activity: June 26 through June 30, 9:00 AM – 12:00 PM

Cost: \$25.00 until June 1;

(Please Print)

Participant's Name: _____ Date of Birth ____/____/____

Parent's Name: _____ Phone #: _____ Cell or Work #: _____

Emergency Contact Name: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy No: _____

Allergies/ Medical Problems/ Disabilities _____

Is the participant taking any over the counter or prescriptions drugs?

Please list and print Clearly _____ *(Use another sheet if necessary)*

Please list any Allergies to medication or foods _____

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this from, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by: **Sharla Ortiz** and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold, the Diocese of San Bernardino, St. Catherine of Alexandria, Temecula, its leaders, employees and volunteers** liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.

I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I **DO NOT** authorize any photos, videotapes or recordings of my child.

Parent/ Guardian Signature Required
 for minors under 18

 Date

EVENT INFORMATION

MEDICAL LIABILITY

CONDUCT

PHOTO

PERMISSION