



VBS REGISTRATION FORM

June 11-15, 2018
 Grades 1-6, 9 am to Noon
 Grades 7-12, 6-9 pm

NAME OF PARENTS/GUARDIANS: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE:
 Home: _____ Work: _____ Cell: _____

Children being enrolled in VBS & grade level for the 2018-2019 school year:

NAME	GRADE (2018-2019)	MEDICAL INFO TO BE AWARE OF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Catholic Diocese of Des Moines Permission to Publish

In an attempt to share information concerning the outstanding accomplishments of our youth, we will write articles, produce videos, and provide pictures for publication in various media. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke permission at any time.

Please Check Below:

_____ I grant permission to the Diocese of Des Moines and St. Patrick's Church, Neola to use the pictures and video of my child/children in positive media presentations.

_____ I DO NOT grant permission to the Diocese of Des Moines and St. Patrick's Church, Neola to use the pictures and video of my child/children in positive media presentations.

Signature of Parent/Guardian

Date

**Catholic Diocese of Des Moines
Medical/Liability Release Form**

PLEASE PRINT IN INK:

Family Last Name: _____

Student Name(s) & Date(s) of Birth: _____

Address _____

Phone #'s _____ Email _____

Emergency Contact #1 Name: _____ **Relation:** _____

Address (if different from student) _____

Contact Phone #'s _____

Emergency Contact #2 Name: _____ **Relation:** _____

Address (if different from student) _____

Contact Phone #'s _____

Insurance Company _____ **Policy #** _____

List any allergies/present medical conditions with current medications and dosage/Activity and/or food restrictions:

Contact lenses? Yes _____ No _____

Medical Permission for Youth

I grant permission, that in the event my child is injured or becomes ill, for medical care to be administered to my child and to use our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

Permission for Other Medical Matters

_____ YES, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

Release of Liability for Youth and Adults

I understand all reasonable safety precautions will be taken at all times by St. Patrick's Catholic Church and its agent during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Catholic Diocese of Des Moines and/or St. Patrick's Catholic Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Code of Behavior for Youth

I agree to instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/ representatives. I agree that if my child fails to abide in any way by the rules, that my child can be dismissed from the trip/event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from St. Patrick's Catholic Church or its chaperones/representatives.

Signature of Parent/Guardian _____ Date _____