



# VBS REGISTRATION FORM

June 28 - July 2, 2021

Grades PreK-8, 9AM-12PM

We are excited to be back in person this summer for Vacation Bible School!!

Please fill out the registration no later than June 18<sup>th</sup> to participate. Registrations can be dropped of at the parish office Tuesday-Friday 8:30AM-4:30PM or emailed back to [AlyssaBeasley2017@gmail.com](mailto:AlyssaBeasley2017@gmail.com)

NAME OF PARENTS/GUARDIANS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Children being enrolled in VBS & grade level for the 2021-2022 school year:

NAME	GRADE (2021-2022)	MEDICAL INFO/ALLERGIES TO BE AWARE OF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Catholic Diocese of Des Moines Permission to Publish

We would like you to submit fun photos of your youth participating in at home activities for this year's Vacation Bible School. To include your child and his/her work on our website and Facebook page, 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 \_\_\_\_\_