

2021 ST MARY VBS REGISTRATION FORM
July 26, 2021 – July 30, 2021 at 9:30am – 12:30pm

PLEASE COMPLETE ALL 3 PAGES OF THIS FORM
 ONE FORM PER FAMILY

PARTICIPANT'S INFORMATION
 (Please print clearly and use the name your child likes to go by)

1. Name: _____ Date of birth: _____
 Grade in FALL 2021: _____ Shirt Size: (Youth) () S () M () L Gender: () F () M
 (Adult) () S () M () L () XL

2. Name: _____ Date of birth: _____
 Grade in FALL 2021: _____ Shirt Size: (Youth) () S () M () L Gender: () F () M
 (Adult) () S () M () L () XL

3. Name: _____ Date of birth: _____
 Grade in FALL 2021: _____ Shirt Size: (Youth) () S () M () L Gender: () F () M
 (Adult) () S () M () L () XL

*Shirt Sizes are: **YOUTH:** S (6-8) M (10-12) L (14-16) **ADULT:** S M L XL

PARENT'S/GUARDIAN'S INFORMATION

E-MAIL:	OTHER E-MAIL:
Mother's Name:	Home Phone #:
Address:	Cell Phone #:
Father's Name:	Home Phone #:
Address:	Cell Phone #:
Alternative Pick-Up (Full Name):	Contact #:

OTHER INFORMATION

YES! I would like to volunteer full time! I'd like to help with the following: (Please indicate 1st, 2nd, 3rd choices.)

- | | |
|---------------------|-----------------------|
| _____ Games | _____ Mission/Service |
| _____ Crafts | _____ Kitchen Help |
| _____ Decorations | _____ Photography |
| _____ Bible Stories | _____ I'm Flexible |
| _____ Music | |

NO. I'm sorry, I can't help with VBS

Are you a Registered Parishioner? Yes or No
 If NOT, which Parish do you belong to?

Total fee enclosed: \$ _____ (\$75/per child)

Payment Options: (Walk-In or Online)

- CASH
 CHECK (Made payable: St. Mary Church)
 Online Payment –
- ACH
 - Credit Card (Visa or Master only)

Office Hours: Monday – Thursday 9:00 AM – 2:00 PM

Photo Waiver

Yes, You may put pictures of my child(ren) on St. Mary Church Website.

No, You may NOT put pictures of my child(ren) on St. Mary Church Website.

Parent Signature _____ Date _____

Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION & RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child(ren)'s Last Name _____ Parish _____

Child(ren)'s First Name(s) _____

Address _____ Phone _____
(Street, City, Zip)

School(s) _____ Grade(s) _____ Birth Date(s) _____

Parent/Guardian's Name(s) _____ Home Phone _____

Address _____ Work Phone _____

Pager, Cell or other number _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____ Phone _____

ARTICLE I. HEALTH AND MEDICAL INFORMATION

Family Physician _____ Address _____

Phone _____

Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes___ No___

State any reasons why you do not want medical care given to your child in an emergency: _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: _____

Has your child had difficulty with the following (circle all that apply):

Asthma	Fainting Spells	Convulsions	Diabetes	Heart	Eyes
Ears	Nose	Throat	Lungs	Digestion	
Menstrual Problems		Other _____			

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medication? No Yes, List _____

State the date of your child's last physical examination: _____

(COMPLETE BACK PAGE)

PARENTAL PERMISSION AND ACKNOWLEDGEMENT
of Conditions for Participation in Program

I/we, parent(s) or authorized guardian of the child(ren) named above give permission for his/her participation in the **Vacation Bible School Program (July 26, 2021 – July 30, 2021) at St. Mary Church, CA** and all related activities.

1. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
2. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry program employees, agents or volunteers or other participants.
3. I/we understand that children participating in youth ministry activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian

Date