

**\$25 Registration fee per child - \$50 max per family - Scholarships Available**

**ST. GERTRUDE THE GREAT  
VACATION BIBLE SCHOOL**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade completed: \_\_\_\_\_

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Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Additional Phone # \_\_\_\_\_

**EMERGENCY CONTACTS/STUDENT PICK UP**

**The following individuals will be contacted if needed and parent cannot be contacted.  
Please indicate if they are authorized to pick your child(ren) from VBS**

| Name  | Phone # | Relationship | Authorized to pick up child(ren) |    |
|-------|---------|--------------|----------------------------------|----|
| _____ | _____   | _____        | YES                              | NO |
| _____ | _____   | _____        | YES                              | NO |
| _____ | _____   | _____        | YES                              | NO |
| _____ | _____   | _____        | YES                              | NO |

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**ST. GERTRUDE THE GREAT CATHOLIC CHURCH  
PERMISSION SLIP-MEDICAL AUTHORIZATION-INDEMNITY AGREEMENT**

SPONSOR OF ACTIVITY VACATION BIBLE SCHOOL

ACTIVITY ALL ACTIVITIES/RETREATS

DATE(S) OF ACTIVITY JUNE 15-19, 2026

PLACE OF ACTIVITY ST GERTRUDE THE GREAT CATHOLIC CHURCH

As parent and/or legal guardian of \_\_\_\_\_,  
Name of Student/Child

\_\_\_\_\_, Name of Student/Child  
\_\_\_\_\_, Name of Student/Child  
\_\_\_\_\_, Name of Student/Child  
\_\_\_\_\_, Name of Student/Child

I remain legally responsible for any personal actions taken by the above-named minor ("participant(s)"). I agree on behalf of myself, my child(ren) named herein, or our heirs, successors, and assigns, to hold harmless and defend ST. GERTRUDE THE GREAT PARISH its officers, directors, employees and agents, and the  
Name of Parish/School

Archdiocese of Santa Fe, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Santa Fe.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below names physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

**PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES YOUR CHILD(REN) MAY HAVE:**

\_\_\_\_\_

**I hereby authorize the Supervisor of the activity or his/her designee to administer the following medication to my child(ren) according to the instructions described here:**

**Medication:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

**If the medication is prescribed by a doctor, the prescription in its original container will be provided to the Supervisor of the activity.**

NAME OF PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent/Guardian

Print Name \_\_\_\_\_

PHONE #S \_\_\_\_\_  
Home Work Cell

**Permission to Provide Medical Attention**

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child(ren). If I cannot be reached, I authorize St. Gertrude the Great Church to transport my child(ren) to the nearest care facility or to \_\_\_\_\_.

I also authorize the performance of medical, minor surgical, or diagnostic procedures, including the administration of local anesthesia that may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my child(ren) in the event that I cannot be reached for direct authorization.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Release Form**

As the parent/guardian of the above-named child(ren) agree to release St. Gertrude the Great Church, its successors, and assigns from all claims of loss, damage, or injury sustained by the participation of Vacation Bible School, whether caused by the negligence of the church, its agents, employees or otherwise. I further agree to indemnify said church, its successors, and assigns against any and all claims for such loss, damage, or injury sustained by the participation, whether caused by the negligence of the church or its officers, agents, employees or otherwise.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Photo/Publicity Release Form**

St. Gertrude the Great Church may have opportunities to publicize and promote its Vacation Bible School program to church members and to the public. In such case, photos, but no names, would be used. I give St. Gertrude the Great Church permission to include my above-named child(ren), in publicity and promotional materials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_