



PARTICIPANT MEDICAL & MEDIA RELEASE FORM

St. Catherine of Siena Vacation Bible School
June 10-14, 2019 – 9:00 AM-Noon
4800 Convict Hill Rd, Austin, TX 78749
For children entering Kindergarten - 5th Grades

***** Please fill out a SEPARATE FORM for each child *****

Print Child's First & Last Name: _____

Grade child will be entering in the 2019-2020 school year: _____ Child's DOB: _____

Parental/Guardian Consent:

In the event of an emergency, or a situation that is reasonably considered to be an emergency, I, the parent/guardian give permission to St. Catherine of Siena Parish to seek and authorize emergency medical care to be given to my child named above. (For example; first aid, medication, anesthesia, or surgery.) This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent. St. Catherine of Siena Parish will make reasonable attempts to notify parents/guardians prior to authorizing any such emergency care.

I fully understand that my child must abide by all rules governing conduct and safety while attending St. Catherine of Siena Vacation Bible School Program activities.

Additionally, I give permission for my child to be photographed during activities associated with St. Catherine of Siena Vacation Bible School. I understand that said photos/videos may be used for the St. Catherine of Siena VBS program, and that my child's name **will not** be used with the image.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Email: _____

Print Alternate Emergency Contact Name: _____

Alternate Contact Relationship To Child: _____ Phone: _____

Physician Name: _____ Phone: _____

List Special Considerations (allergies, medical or behavioral conditions). If NONE, check this box

Indicate any special custody arrangements below. *This information will be kept confidential.*

TO COMPLETE YOUR CHILD'S REGISTRATION:

1. Register online at <https://vbspro.events/p/st-catherine>.
2. Pay the registration fee. (\$40 for the first child and \$15 for each additional child in the family up to \$70. FULL week volunteers get \$10 off of total VBS fees and a free t-shirt.) Cash or check may be turned in to the RE office upstairs in the Parish Center at St. Catherine's (VBS box). **Make checks payable to St. Catherine of Siena.**
3. Turn in this completed permission form to the RE office upstairs in the Parish Center at St. Catherine's (VBS box).

You will receive a confirmation email when payment and forms are processed.

STAFF USE ONLY: # of Children _____ Payment Enclosed: \$ _____ Cash _____ Check _____ # _____ PayPal _____