

Vacation Bible School 2010



PLEASE JOIN US!!

PARADE AROUND THE OUR FATHER

Date: June 21-25

Time: Monday-Thursday 9 – 11:30;

Friday: 9- 11:45 pm (after Mass)

**Location: Sts. Peter and Paul
Catholic Church in Haubstadt**

For students entering K through 5th Grades.

Cost: \$3 before May 24th! & \$5 after.

\$6 per Family before May 24th! & \$8 after.

**Space may be limited. Please complete this registration/medical form and
turn in to the Parish office NO LATER THAN JUNE 7TH!**

Please fill out a registration form for each child attending.

Child's First and Last Name: _____

Child's Age: _____ Parish: _____

What grade your child will be entering in August 2010.

K children must be entering Kindergarten in August of 2010 school year.

Entering Kindergarten

Entering Third Grade

Entering First Grade

Entering Fourth Grade

Entering Second Grade

Entering Fifth Grade

Parents Name: _____ email: _____

Address: _____

Phone Number: _____ Emergency Phone: _____

Emergency contact person: _____ . (This can be a cell phone or another person

close by in case of accident if the parents are at work.)

Any food allergies? If so what? _____

Any medical conditions? If so what? _____

***** **NO MEDICATIONS WILL BE ADMINISTERED AT VBS.** *****

We are in need of volunteers! May we contact you for help? Yes No

On Friday we will celebrate a children's Mass starting at 11:30. Children will be dismissed to parents after Mass. Please plan to come join us! -This is a great way for you to share your faith with your children and see what all they have learned at VBS!

More Event Details listed on back! Please turn over.

I/We, the parents(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville,

_____ Parish, _____ Pastor
and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Father's Signature **X** _____ Date _____
Mother's Signature **X** _____ Date _____
{Guardian's Signature **X** _____ Date _____}

In case of accident or serious illness I request the **vBS Coordinator** to contact me. If I cannot be reached, I hereby authorize the **vBS Coordinator** to make whatever arrangements the circumstances allow.

It is understood and agreed that neither the Parish, **vBS Coordinator**, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while he/she is at youth functions or engaged in supervised activities, including sports. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury.

If the above named child needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Father or Guardian's Signature **X** _____ Date _____
Mother or Guardian's Signature **X** _____ Date _____