



Immaculate Conception Church
VBS Registration Form for
PRE-K—4TH GRADE
(one per child)

Registration:
April 7th—May 14th
(or classes fill)
Fee: \$50/child

PLEASE PRINT ALL INFORMATION
NEATLY!

OFFICE USE ONLY!

Chk #: _____

Amt: _____

of Children/chk: _____

Child's name: _____

Child's age: _____ Date of birth: _____ Grade entering in the Fall: _____

Name of parent(s): _____

Address: _____
(Street, City, Zip Code)

Preferred Contact #: (_____) _____

2nd Contact #: (_____) _____

Email address (**MANDATORY**): _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____



PLEASE TURN OVER, COMPLETE AND SIGN BEFORE SUBMITTING FORM!



ACTIVITY RELEASE FOR MINOR PARTICIPANT

Participant's Name (Please print neatly): _____
Birth Date: _____ Sex: _____
Parent/Guardian Name (Please print neatly): _____
Home Address: _____
Home Phone: _____ Cell/Business Phone: _____

I, _____, (please print neatly) grant permission for my child, _____, (please print neatly) to participate in the following activities: Vacation Bible School, June 11th through June 15th, and Water Slide, June 15th.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I agree on behalf of myself, my child named as minor participant herein, or our heirs, successors, and assigns, to hold harmless and defend Immaculate Conception Parish, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment or connection therewith, and I agree to compensate Immaculate Conception Parish, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Immaculate Conception Parish or the Archdiocese of Denver.

Signature: _____ Date: _____

My child has the following restrictions and/or allergies: _____

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Parent or Guardian Signature: _____ Date: _____

I grant permission to Immaculate Conception Parish to display photos/images of my child in the Church, bulletin, and/or parish website. My child's name will never be posted with his/her photo/image.

(Parent/Guardian Signature and Date)