



Immaculate Conception Church
VBS Registration Form for
5TH—6TH GRADES
(one per child)
June 11th—15th

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!



FIELD TRIP AUTHORIZATION & ACTIVITY RELEASE FOR MINOR PARTICIPANT

The Parish is planning an activity off the premises (a "Field Trip"). We welcome your child's participation in the Field Trip, but before your child may participate, we require that you review and sign this authorization. Please return this form at registration.

Parish: Immaculate Conception

Child's Name (Please print neatly): _____

Destination & Purpose of Field Trip: Sister Carmen Center, Community Food Share (possible) Service Projects during VBS

Date and Time of Departure: During the week of June 11th – June 15th, during times of 9:00 a.m. – 12:00 p.m.; actual time and date of Field Trip is to be determined.

Date and Time of Return: Times to be determined

Designated Supervisor: Mark Evevard

Cost: No add'l cost outside of VBS registration Method of Transportation: Walking (WILL BE CROSSING 287), parent transportation

Parent/Guardian Name (Please print neatly): _____

Home Address: _____

Home Phone: _____ Cell/Business Phone: _____

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: _____

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 the Water Slide, June 15th.

I understand and acknowledge that participation in the Field Trip, Vacation Bible School, and the Water Slide involves inherent risks of injury to my child.

I authorize the Designated Supervisor of the Field Trip to authorize and consent to any medical care for my child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor of the Field Trip will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are not covered by any insurance program maintained by the Parish or the Archdiocese of Denver, and that I am primarily responsible for such expenses.

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

I agree on behalf of myself, my child named herein, our heirs, successors, and assigns, to hold harmless and defend the above-named Parish, its officers, directors and agents, chaperones, or representatives associated with the event and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Parish, its officers, directors and agents, chaperones, or representatives associated with the event, and the Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith.

I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I understand and agree to each of the covenants and conditions set forth above.

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)