

St. Luke's Vacation Bible School
SHIPWRECKED! RESCUED BY JESUS!

JUNE 25th - 29th (9 AM - 12 PM)

2018

Phone: 210-433-2777 ext. 147
Email: VBS@stlukecatholic.org

REGISTRATION FORM

Early Registration : April 29 Through May 21, 2018: Early Fee per Child: \$25.00
Regular Registration : May 22 – June 18, 2018 Regular Fee Per Child \$35 (siblings receive \$5 discount)
Late Registration : June 19 – Until Capacity is Reached. Late Fee Per Child \$45 (siblings receive \$5 discount)

PAYMENT: Checks payable to St. Luke Catholic Church. Credit Card payments accepted. Cash accepted. Bring Completed Registration Form to Faith Formation Office along with fees in full. SUMMER OFFICE HOURS: Monday – Friday 8:00 am – 5:00 pm

CHILD #1's INFORMATION:

Name: _____
First Name *Last Name*

Date of Birth: _____
MM / DD / YYYY

Gender: Female _____ Male _____

For office use only

School Attending: _____

Grade child will enter/qualify-for in Fall 2018

PreK-3 _____ PreK-4 _____ Kinder _____ Grade 1 _____

Grade 2 _____ Grade 3 _____ Grade 4 _____ Grade 5 _____

T-shirt Size: 3-T _____ 4-T _____ XS-Kids _____

S-Kids _____ M-Kids _____ L-Kids _____

NOTE: 1) ONE music CD will be given to each registered Family on Friday.
2) Closing Program on Friday: Pot-Luck by families. Expect to stay until 1:30 PM.

Known Allergies: _____

Medical Concerns/Alerts: _____

CHILD #2's INFORMATION:

Name: _____
First Name *Last Name*

Date of Birth: _____
MM / DD / YYYY

Gender: Female _____ Male _____

For office use only

School Attending: _____

Grade child will enter/qualify-for in Fall 2018

PreK-3 _____ PreK-4 _____ Kinder _____ Grade 1 _____

Grade 2 _____ Grade 3 _____ Grade 4 _____ Grade 5 _____

T-shirt Size: 3-T _____ 4-T _____ XS-Kids _____

S-Kids _____ M-Kids _____ L-Kids _____

Known Allergies: _____

Medical Concerns/Alerts: _____

PARENT/GUARDIAN INFORMATION:

Name: _____
First Name *Last Name*

Relationship to Child(ren): _____

Contact Phone: _____ Contact Email: _____

Address: _____ City: _____ State _____ Zipcode _____

Registered Parishioner at St. Luke?

Yes _____ No _____

Emergency Contact: (Name) _____

(Phone) _____ Relationship to Child _____

For OFFICE USE ONLY

Amount paid _____ Date _____ Check # _____ Cash _____ Credit Card _____

Receipt No. _____ Received by _____ Balance Due _____

OVER 

Name Activity: St. Luke Catholic Church Vacation Bible School

Date(s) of Activity: June 25-29, 2018

Name of Participant(s):

1. **INDEMNITY.** I, individually and in my capacity as **parent/legal guardian** of participant, unconditionally agree to indemnify, defend, and hold harmless the church parties from any and all liability, claims, losses, judgments, damages, demands, costs and expenses of any kind or nature whatsoever, either in law or in equity, (including, without limitation, court costs and attorney's fees) incurred by any of the church parties resulting or arising from (i) participant's participation in the activity, or (ii) sponsor's transportation of participant to the activity, including, without limitation, the death or bodily injury to participant or damage to participant's personal property that may result from (i) participant's participation in the activity, or (ii) sponsor's transportation of participant to the activity, whether caused by or contributed by the negligence of any of the church parties or otherwise. *(initials)* _____

2. **MEDICAL AUTHORIZATION.** In the event of any injury or illness of Participant during the Activity, I hereby authorize and consent to the transportation of Participant to the nearest medical or dental facility, and, should the need arise, I hereby further authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment in the discretion of the attending physician or dentist. I understand that I am giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and I am providing this authorization to give authority and power to render any care which the medical provider and/or dental provider deems advisable. None of the foregoing medical or dental treatments shall be withheld if I cannot be reached prior to the administration of such medical and/or dental treatments. I hereby agree that I shall be solely responsible for the payment of any and all costs for such medical and/or dental treatment of Participant, and in no event shall any of the Church Parties be required to pay for any such costs or expenses. **I, individually and in my capacity as the parent/legal guardian of participant, hereby, release, waive, and forever discharge the church parties from any and all liability, claims, losses, judgments, damages, costs, expenses, and demands of any kind or nature whatsoever, either in law or in equity, resulting or arising from any such medical or dental treatment rendered to participant.** *(Initials)* _____

3. **PHOTO/VIDEO CONSENT AND RELEASE.** I hereby authorize Sponsor and the Archdiocese to take photographs, recordings, and/or videos (whether electronic, digital, or otherwise) of Participant in connection with the Activity, and I hereby consent to the use, reproduction, and publication of such images by Sponsor and the Archdiocese in connection with the promotion and publicity of the activities of Sponsor and the Archdiocese, including, without limitation, publication of such images on Sponsor's website. I, individually and in my capacity as parent/legal guardian of Participant, hereby waive any right to inspect or approve the actual use by Sponsor or the Archdiocese of any such image of Participant. Such images of Participant shall be the sole property of Sponsor, and I, individually and in my capacity as parent/legal guardian of Participant, acknowledge and agree that neither I nor Participant shall be entitled to any compensation whatsoever should any such images of Participant be used by Sponsor or the Archdiocese. *(Initials)* _____

4. **COVENANT NOT TO SUE.** I HEREBY ACKNOWLEDGE AND AGREE THAT I, INDIVIDUALLY OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, WILL NOT INSTITUTE ANY SUIT OR ACTION AT LAW, OR OTHERWISE, AGAINST ANY OF THE CHURCH PARTIES OR INITIATE OR ASSIST IN THE PROSECUTION OF ANY CLAIM FOR DAMAGES, OR CAUSES OF ACTION, WHICH I, INDIVIDUALLY AND/OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, MAY HAVE BY REASON OF INJURY OR DEATH TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY RESULTING OR ARISING FROM PARTICIPANT'S PARTICIPATION IN THE ACTIVITY OR SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY. *(Initials)* _____

5. **I COVENANT, CERTIFY AND REPRESENT TO SPONSOR THAT I AM THE PARENT/LEGAL GUARDIAN OF PARTICIPANT AND THAT I HAVE FULL LEGAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF PARTICIPANT. I HAVE (I) FULLY READ THIS AGREEMENT, (II) FULLY UNDERSTAND ITS TERMS, AND (III) AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN. I UNDERSTAND THAT I, ON MY OWN BEHALF AND ON BEHALF OF PARTICIPANT, HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING THIS AGREEMENT. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME BY ANY OF THE CHURCH PARTIES. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE BY ME AND PARTICIPANT OF ALL LIABILITY AGAINST THE CHURCH PARTIES TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.**

Signature of Participant's Parent/Legal Guardian

Date: _____

Email: vbs@stlukecatholic.org
Phone: 210-433-2777 ext. 147
FAX: 210-433-2778

Printed Name of Participant's Parent/Legal Guardian