

St. Mark's Vacation Bible School 2019



June 24th-28th (8:30AM-12:30PM)

For more Information, Call 210-494-7464 Ext. 324

Note: Early Registration Fee Per Child I **\$40.00** now until May 31st;
Late Registration Fee Per Child \$50.00

First Name _____ Last Name _____

Gender: Female ____ Male ____ Date of Birth ____ - ____ - ____

Grade Entering Fall 2019:

Kinder ____ Grade 1 ____ Grade 2 ____ Grade 3 ____ Grade 4 ____ Grade 5 ____

T-Shirt Size: Youth Small ____ Youth Med ____ Youth Large ____ Adult Small ____

Parishioner: Yes ____ No ____ (Membership form last page)

Allergies: _____

Medical Concerns: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____

Relationship to Student: _____ Contact Phone #: _____

Email Address (Required): _____ @ _____

Address: _____

(House/Apt #) (Street Name)

(City, State Zip Code)

Registered Parishioner at St. Mark the Evangelist: Yes ____ No ____

Emergency Contact Information: (Required)

Name: _____ Contact #: _____

_____ **I would like to volunteer.** (Adult volunteer form available at the office.)

Would you like to donate a scholarship for this event? **Yes** _____ **No** _____ \$ _____

Please include a second payment with VBS Scholarship written in the memo line or notation.

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. **Initial Here:** _____

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 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 sole responsible for the payment of any and all costs for 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 **Initial Here:** _____

3. **PHOTO/VIDEO CONSENT & RELEASE.** I hereby authorize SPONSOR and the PARTICIPANT'S 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 PARTICIPANT'S in connection with the promotion and publicity of activities of the SPONSOR and the PARTICIPANT'S, 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 approve³ the actual use by SPONSOR or the PARTICIPANT'S³ 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 PARTICIPANT'S. **Initial Here** _____

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. **Initial Here** _____

I covenant, certify and represent to SPONSOR that I am the PARENT/LEGAL GUARDIAN OF PARTICIPANT and that I have full and 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.

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

PRINTED NAME



St. Mark the Evangelist Catholic Church

FAMILY LAST NAME:		HOME ADDRESS: (IF APPLICABLE) APT #			HOME PHONE:			DATE OF REGISTRATION AT ST. MARK'S		
		CITY _____			LISTED _____ UNLISTED _____					
		STATE _____ ZIP CODE _____								
MARRIAGE DATE:	ROMAN CATHOLIC MARRIAGE:	MAIDEN NAME:			OCCUPATION (HEAD OF HOUSEHOLD)			OCCUPATION (SPOUSE)		
	_____ YES _____ NO									
FIRST NAMES	DATE OF BIRTH	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD	RELIGION	BAPTIZED	1ST COMMUNION	1ST CONFESSION	CONFIRMATION	MARITAL STATUS	ETHNIC BACKGROUND
					PLEASE CHECK ~ DATES NOT REQUIRED					
1. (HEAD OF HOUSEHOLD)										
2. (SPOUSE)										
CHILDREN [PLEASE LIST THE OLDEST TO YOUNGEST] (Living at Home)	DATE OF BIRTH	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD	RELIGION	BAPTIZED	1ST COMMUNION	1ST CONFESSION	CONFIRMATION	GRADE	SCHOOL
					PLEASE CHECK ~ DATES NOT REQUIRED					
3.										
4.										
5.										
6.										
7.										
8.										
PLEASE LIST THE MINISTRIES OR ACTIVITIES IN WHICH YOU OR YOUR FAMILY MEMBERS MAY BE INTERESTED. ALSO, PLEASE LIST ANY SPECIAL NEEDS YOU OR YOUR FAMILY MAY HAVE:										

Family E-Mail: _____

Other E-Mails: _____