



**Children in grades K-5<sup>th</sup> Grade are welcome to attend.  
The cost is \$50 for one child and \$90 for two.  
Pay by check or online at [stcletusparish.com](http://stcletusparish.com) and click  
on donate to make a one-time payment.**

## Registration Form

(One per Child - Please Print)

**Program dates are June 17<sup>th</sup> – 21<sup>st</sup> from 9am until 12pm.**

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Child's t-shirt size (circle one): Youth Medium          Youth Large

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (    ) \_\_\_\_\_

Parent/caregiver's cell phone: (    ) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

**Allergies or other medical conditions:** \_\_\_\_\_



**In case of emergency, contact:** \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child: \_\_\_\_\_

# St. Cletus VBS 2019

## Registration Form 2

To be used for

**VBS Child Attendee** – complete these two forms and submit fee

**Volunteers** – Complete this side only

I, \_\_\_\_\_ give \_\_\_\_\_ permission to participate in the  
*(name of Parent/Guardian)*      *(Child's Name)*

Roar Vacation Bible School, June 17-21, 2019 at St. Cletus Parish.

While attending Vacation Bible School, I hereby agree to RELEASE, INDEMNIFY, and HOLD HARMLESS, St. Cletus Parish, its employees, volunteers and agents, the Archdiocese of Chicago and the Catholic Bishop of Chicago, (a corporate sole) from any and all liability which may arise from my child's participation in the above mentioned activities. Liability to extend to all accidents, illnesses or injuries (including the probability of death) which may either directly or indirectly befall my child while participating in the above mentioned program.

I give permission for St. Cletus Parish representatives to photograph and use images, without names in bulletins and website promotions.

In the event that a medical emergency shall befall my child, I now provide a member of the St. Cletus VBS team, the ACTING POWER OF ATTORNEY, to initiate and oversee any emergency medical care that may be deemed necessary on my child's behalf until a time when I may be present to authorize the same. To assist in the administration which may be necessary, I provide the following information to be true.

Special Needs or allergies of child: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Insurance # \_\_\_\_\_

Policy in Name of \_\_\_\_\_ Child or Volunteer Date of Birth: \_\_\_\_\_

Grade in Fall of 2019 \_\_\_\_\_

Shirt Size (circle):    Child Medium    Child Large    Adult Small    Adult Medium  
    Adult Large    Adult X-Large

Form completed for:    Child VBS Participant    Jr High Volunteer    HS Volunteer  
    Adult Volunteer

X \_\_\_\_\_ Family Email Address \_\_\_\_\_

Parent/Guardian Signature or Volunteer Signature

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone/Emergency Phone \_\_\_\_\_