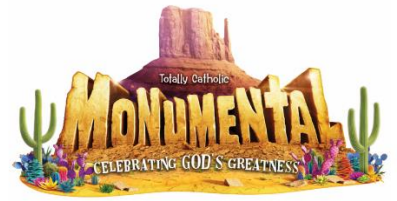


# 2022 VBS Youth Helper

Catholic Diocese of Peoria Participant Registration Form

July 10 – 14, 2022 5:45pm – 8pm



**PLEASE PRINT** (Full name = first, middle & last name)

Mother's Full Name: \_\_\_\_\_

Mom's Phone #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Dad's Phone #: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

CHILD'S FULL LEGAL NAME (first, middle, last) Include nicknames in parenthesis	GRADE 2022-2023	KNOWN ALLERGIES & MEDICAL INFO (Food & medicine allergies)	T-Shirt Size (see Regis. Details for sizing)

**EMERGENCY CONTACT INFORMATION ----- MUST be someone other than the parent(s) listed above.**

In the event of an emergency and if I cannot be reached, I ask that the following individual(s) be contacted.

Emergency Contact #1: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**General Permission**

I request that my child(ren) listed above be allowed to attend Vacation Bible School located at St. Mary of Lourdes, Germantown Hills for the duration of July 10 – July 15, 2022. I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this program.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OVER**

**Medical Permission Form**

I grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of the Vacation Bible School at St. Mary of Lourdes, Germantown Hills, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature for the duration of July 10 – 15, 2022. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child for the duration of July 10 – 15, 2022

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance Information (MUST BE FULLY COMPLETED)**

Policy Holder (in the name of):

\_\_\_\_\_

Insurance Company:

\_\_\_\_\_

Policy Number:

\_\_\_\_\_

Authorized Physician

Phone #:

\_\_\_\_\_

Authorized Hospital:

\_\_\_\_\_

**Videotaping and Still Photographs**

Video, still photographs and audio recordings may be taken during Vacation Bible School at St. Mary of Lourdes, Germantown Hills. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_