

**Galactic Blast Vacation Bible School Registration Form**

**St. Paul's Church VBS July 19-23, 2010**

**Registrations are accepted on a first come, first served basis until filled;**

**so please complete this form and return with fee to St. Paul's parish office as soon as possible.**

Full name of Child: \_\_\_\_\_ T-Shirt Size: YS YM YL YXL

Age: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Business Phone: \_\_\_\_\_

Dietary needs: \_\_\_\_\_

Allergy needs: \_\_\_\_\_

Medications: \_\_\_\_\_

Other special needs\*: \_\_\_\_\_

\*Examples: Hearing impaired; physical disabilities; ESL; learning disabilities; etc.

Dismissal Information:

Name(s) of person(s) who may pick up this child from VBS. The child will not be released to anyone who is not noted on this form without written permission from the parent.

\_\_\_\_\_  
\_\_\_\_\_

FEE SCHEDULE: The fee includes 5 days of activities, snacks, crafts, games, a t-shirt and lunch on Friday.

One child: \$15

Two children in family: \$25

Three or more children in family: \$40

Scholarship money is available; please contact Sue Van Oss if you would like assistance.

**PLEASE ALSO FILL OUT BACK SIDE OF THIS FORM COMPLETELY!**

If for some reason your child decides not to attend the camp, please let Sue know so the spot can be filled.

**Medical Consent Form**

We (I), the undersigned, do hereby give permission for our (my) child \_\_\_\_\_ to attend and participate in St. Paul's Episcopal Church Vacation Bible School from July 19-July 23, 2010.

We (I), authorize an adult, in whose care the above named minor has been entrusted by us or a staff member of St. Paul's Church to consent to any reasonably necessary medical examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Minnesota or California law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic, or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medial and dental services rendered to the aforementioned child pursuant to this authorization. We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

Doctor's Name & # \_\_\_\_\_ Dentist Name & # \_\_\_\_\_

DO YOU HAVE HOSPITAL INSURANCE? YES NO PREFERRED HOSPITAL \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Date Parent/Guardian Signature

**WAIVER AND RELEASE**

I, \_\_\_\_\_, Parent/Guardian, on behalf of \_\_\_\_\_ ("Participant Minor Child") do hereby release, waive, discharge, and covenant not to sue and agree to hold members of St. Paul's Church its officers, directors, employees, representatives, agents and affiliates, and the staff of Vacation Bible School from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in the St. Paul's Church Vacation Bible School (VBS). My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff of VBS or sustained before, during or after VBS unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the church or the staff of the VBS. I understand that, without limitation of the foregoing, neither the Church of St. Paul's or the VBS shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant Minor Child's personal property or the interruption of the VBS for whatever reason. Neither the Church of St. Paul's nor VBS shall be responsible for any lost or stolen property of the Participant Minor Child or any persons attending day activities thereof.

\_\_\_\_\_  
Parent/Guardian Signature Date

**MEDIA RELEASE FORM**

On behalf of \_\_\_\_\_ ("Minor Child"), the undersigned parent does agree to grant to St. Paul's permission to record on film, video tape, or audio tape, the participation of Minor Child in VBS on July 19-23. The undersigned parent/guardian further agrees that any or all of the material recorded may be used, in any form, as part of any future productions made by or for St. Paul's.

\_\_\_\_\_  
Parent/Guardian Signature Date