

You are invited to VACATION BIBLE SCHOOL 2010

GOD IS YOUR PILOT! DESTINATION: HEAVEN!

Check in with **ST. CATHERINE** and your very own **GUARDIAN ANGEL.**

Along the way, meet **MARY, QUEEN OF ANGELS!**

WHERE: St. John the Evangelist Church
5301 Daylight Dr., Evansville, IN

WHEN: **JUNE 21 - 25, 2010**
Mon - Thurs: 9 am to noon
Field Day Friday: 9 am to 12? pm

WHO: All children 4 to 11 years of age
as of August 1, 2010

COST: \$15 per child, max. \$30 per family
Each child receives a T-shirt and much more!!

REGISTER EARLY OR by May 16, 2010 (it helps us plan and we may need to limit enrollment!)

To register, simply fill out both sides of this form, taking care to fill in and sign all appropriate blanks. Return completed form and fees to the office (checks payable to "St. John the Evangelist", with "VBS" in the memo). We only need one form per family - if additional space is needed, please attach a paper with your name and additional info. **We may have additional info to send to you too**, either prior to or during VBS, so please give us your contact information. Thank you! Phone _____

Parents' or guardians' names _____ Date _____

EMAIL (best! - promise, no junk) _____

Address: _____ City _____ State _____ ZIP _____

Child's name (that we are to call them) (1st & last)	DOB (mm/dd/year)	T-shirt size (Y = youth, A = adult)
_____	_____	YXS YS YM YL YXL AS AM AL
_____	_____	YXS YS YM YL YXL AS AM AL
_____	_____	YXS YS YM YL YXL AS AM AL
_____	_____	YXS YS YM YL YXL AS AM AL
_____	_____	YXS YS YM YL YXL AS AM AL

I/We, the parent(s) of the above-named youth(s), hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville, St. John's Parish, Fr. Silva, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Parent's or guardian's signature _____ Date _____

A amazing program like this is made possible by volunteers. If you are 11 years of age or older, and have a desire to see our parish's faith grow, WE NEED YOU!. Our needs are widely varied, so there is sure to be some task that matches your offering of time and talent. Donations are also gratefully accepted. The registration fee covers a portion of the costs. For volunteer registration forms and more info, read the bulletin, contact us, or checkout the website: www.catholicdaylight.org.

VBS Coordinator: Lisa Schmitt @ 867-3539 or labittmit@att.net
Coordinator of Rel. Ed.: Leah Haley @ 867-3718 or lhaley@evdio.org.

OVER ⇨

EMERGENCY INFORMATION (if more than one child attending, fill out separate page for each as needed)

In case of accident or serious illness, I request the VBS volunteers to contact me. If I cannot be reached, I hereby authorize the VBS volunteers to make whatever arrangements the circumstances allow. It is understood and agreed that neither the Parish, VBS volunteers, nor the Catholic Diocese of Evansville is the insurers of my health and safety while he/she is at church functions or engaged in supervised activities, including sports. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury. If my child(ren) need(s) emergency medical treatment and neither a parent/guardian or the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent's or guardian's signature _____ Date _____

In case of emergency, contact: _____ Phone _____

Alternate emergency contact name: _____ Phone _____

Family Physician _____ Phone _____ Hosp. pref. _____

Family Insurance Carrier _____ Policy # _____ Phone _____

Is there anyone who by court order or decree is designated as the primary or sole custodial parent? _____

Name anyone who has been restrained from picking up the child _____

I understand it is my responsibility to keep the VBS volunteers informed about such matters and to provide copies of relevant court orders and decrees to officials

MEDICAL INFORMATION

List any medical problems or allergies, esp. food allergies (e.g. diabetes, epilepsy, peanut allergy) _____

List any instructions for care of the medical problem if it becomes necessary at event:: _____

List any medications your child is taking on a regular basis: (if additional space needed, attach sheet to this form)

Name _____ Age _____ Medication _____ Rx number _____

Directions _____

Doctor _____ Phone _____ Pharmacy _____

Time medication is given at home: _____ Time medication is to be given at the event: _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY AUTHORIZED PERSONNEL

I hereby authorize personnel to administer medication as indicated above. I understand that my signature relieves the parish personnel of any and all liability related to the administration of the prescribed medication.

Parent's or guardian's signature _____ Date _____

PHOTOGRAPHY RELEASE

I, the undersigned, do hereby consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child at VBS and to use these in any and all media, now or hereafter known, and exclusively for the purpose of event/program promotion and/or ministry development. I do hereby release to the Catholic Diocese of Evansville, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's image or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that the Catholic Diocese of Evansville is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement

Parent's or guardian's signature _____ Date _____