



July 17th -21st 9am-12pm
St. Padre Pio's 2017

For Official Use Only:
Cash or Check# _____
Amount paid: _____ Date: _____
Make check payable to: St. Padre Pio

VBS Registration Kinder-5th Grade

Please note: If payment is not received at the time of registration,
you will be placed on a waitlist until payment is received.

Family's Last Name: _____

Child's Name: _____ Grade entering in Fall: _____ DOB: _____ Gender: M F
Special Concerns/allergies/medical needs: _____
T-shirt size: YS YM YL AS AM AL AXL

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Parent/ Guardian: _____ email (PRINT) _____

Home phone# _____ Mom's cell # _____ Dad's cell# _____

St. Padre Pio VBS Fees:

\$30 first child; 25 each additional child (max fee \$80 per family) * **Adult Volunteer \$20** per child

*Are you planning on volunteering? (Please circle) YES No

In case of emergency and parent/guardian unavailable who should we contact?

Name: _____ Phone #: _____

Relationship to participant: _____

Parent/Guardian signature _____ Date _____

**Shrine of St. Padre Pio Catholic Church
PARENT/GUARDIAN PERMISSION AND LIABILITY WAIVER**

I grant permission for my child/children to participate in Vacation Bible School (VBS) at the Shrine of St. Padre Pio Catholic Church. This event will take place under the guidance and direction of parish employees and/or volunteers from the Shrine of St. Padre Pio Catholic Church. I also consent to the use of any videotapes, photographs, slide, audiotapes, or any other visual or audio reproduction with which my child/children may appear. I understand that these materials are being used for the promotion of the Shrine of St. Padre Pio Catholic Church. Such promotional activities extend to the recruitment, fund-raising, advocacy etc.

As parent/legal guardian, I remain legally responsible for any personal action taken by my child/children. I agree on behalf of myself, my child/children, our heirs, successors, and assigns to hold harmless and defend the Shrine of St. Padre Pio Catholic Church, its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising for or in connection with my child's/children's attending this event. I release the staff, volunteers, etc. from any liability connected with the use of picture or voice recordings as a part this event's activities, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

MEDICAL CONSENT AND PERMISSION TO TREAT

In the event of an emergency, I give permission to transport my child/children to a hospital for emergency treatment. I am giving medical permission and consent to treat. To the best of my knowledge, my child/children is/are in good health, and I assume all responsibility for the health of my child/children.

Alternate contact in case of emergency:

Name: _____

Relationship to me or my child/children: _____

Home Phone: _____ Cell Phone: _____

Please include a photocopy of your Insurance card, front and back (IF NOT ON FILE)

Insurance Carrier: _____ Policy Number: _____

My child/ children immunizations are current and up to date _____ Yes _____ No.

Please list children's names and any medical issues, allergies, or limitations that could affect their participation in this event's activities:

Parent/Guardian Name (Print)

Signature

Date