

# Southside Catholic Vacation Bible School !!!

June 25-29, 2018



**Who:** Children age 4 – entering 5<sup>th</sup> grade

**Where:** Our Lady of Fatima Parish, 3327 S Perry St., Spokane, WA

**When:** 9:00 AM to 12:00 Noon, June 25 – 29.

*Final day culminates with Mass at 11:00 a.m.*

**Hosted by:** Our Lady of Fatima, St. Augustine, St. Peter, Our Lady of Lourdes and Sacred Heart Parishes

We need many helpers to create a fun, faith-filled VBS, so please consider completing an **Adult Volunteer Form** for yourself. Incoming 6<sup>th</sup>-12<sup>th</sup> graders may volunteer and should complete a **Youth Volunteer Form**.

## Family Registration

Father/legal guardian name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/legal guardian name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parish (if any): \_\_\_\_\_

Child Name (First and Last)	Age	Grade (Fall 2018)	T-Shirt (circle one)	Medical Conditions/ Allergies	
			Youth S M L XL Adult S M L		\$40
			Youth S M L XL Adult S M L		\$10
			Youth S M L XL Adult S M L		\$10
			Youth S M L XL Adult S M L		free
			Youth S M L XL Adult S M L		free

I want to purchase a music CD for \$5.

I would like to make a donation to help make VBS accessible to all. Amount: \$\_\_\_\_\_

I would like to request a scholarship for my child(ren).

Total Enclosed: \$\_\_\_\_\_ Please make checks payable to: Our Lady of Fatima (for: VBS)

Please complete Medical Release and Photo Release forms (other side). —————→

Mail completed forms to VBS, Our Lady of Fatima Parish, 3327 S Perry St., Spokane, WA 99203 by **June 15, 2018**

*Register early to secure your spot!*

Questions? Contact your parish leader or Kim Macauley: (509) 747-7213, SpokaneSouthsideVBS@gmail.com

# Photo Release Form

I hereby grant permission for photographs taken of my child at this event to appear on one or more of the communication media of the Diocese of Spokane (eg. Inland Catholic, website), or of the above-listed parishes.

I understand that these images will be used only in relation to these publications and this event.

I do not grant this permission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Medical Release Form

Name of event: Southside Vacation Bible School

Dates/times of event: June 25-29, 2018; 9:00 AM to 12:00 noon

Location: Our Lady of Fatima Parish, 3327 S Perry St. Spokane, WA 99203

I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor

(and \_\_\_\_\_ also minors),

do hereby authorize adult employees and volunteers of Our Lady of Fatima Parish as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Our Lady of Fatima Parish, any of its ministries or leaders in the event of an accident in route, during and returning from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed \_\_\_\_\_

Parent/Legal Guardian (print) \_\_\_\_\_

Parent/Legal Guardian (sign) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Emergency Phone: Home ( \_\_\_ ) \_\_\_\_\_ Work ( \_\_\_ ) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy or Group Number \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_\_\_

If parent/legal guardian is not available in an emergency, contact

Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_\_\_

Please list any allergies. Include medications, foods, etc.

Does your child have any medical or special needs, including medications currently being used?  
No \_\_\_\_ Yes \_\_\_\_ If yes, please explain.

Doctor's Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Birthdate \_\_\_\_\_

(for child 2) \_\_\_\_\_

(for child 3) \_\_\_\_\_

Please specify child with specific medical needs or fill out separate medical release form for each child.