



**Vacation Bible School Registration and Waiver Release Form**

**Date: June 10-14, 2024**

**Time: 9:00-11:30am**

**Location: Assumption B.V.M. School**

Child's Name (Last, First)	Birthdate	Last Grade Completed

**Parent/Guardian Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Parent email address(es)** \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of *Assumption B.V.M.* allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless *Assumption B.V.M. Church*, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein.

**PHOTO/VIDEO PERMISSION: I DO / DO NOT** (*circle one*) give my consent to *Assumption B.V.M.* to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless *Assumption B.V.M.* from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at *Assumption B.V.M.'s* Vacation Bible School. **\*\*None of the photos will be for personal use.\*\***

I hereby give permission for my child(ren) to participate in Vacation Bible School at *Assumption B.V.M. Church* on June 10-14, 2024

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

*All information will remain confidential to Vacation Bible School staff.*

Over.....

<p><b>Child(ren)'s Name</b> _____</p> <p><b>Allergies, Medications, and/or Medical Conditions</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Activity restrictions</b> _____</p> <p><b>Parent/Guardian phone number(s)</b> _____</p> <p><b>Emergency Contact: person(s) &amp; phone numbers in case parent/guardian cannot be reached:</b></p> <p><b>Name</b> _____</p> <p><b>Phone</b> _____</p> <p><b>People authorized to pick up my child</b> _____</p> <p>_____</p>
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**Registration fee: \$12.00/student (Family max: \$24.00) to help with VBS materials. Please enclose payment with registration. Make checks payable to Assumption B.V.M.**

Return to: Assumption B.V.M. Faith Formation Office  
109 E. Pulaski Street  
Pulaski, WI 54162