

Vacation Bible Camp

3 YEAR OLDS — GRADE 5 Registration

June 26—June 30, 2017

Fill Out One Form Per Child



Household Information

Family Name / Contact Name _____

Address: _____

City, Zip: _____

Primary Email: _____ Primary Telephone: _____

Emergency Contact Name: _____ Phone: _____

Authorized to pick up child (*besides parents*) _____

We will not release your child to anyone not listed here.

Child Information

Name: _____ Birthdate ____/____/____ Age _____ M _____ F _____

Completed Grade (*Grade during 2016-17*) _____

T-Shirt sizes: (circle one) Youth: Small (4-6) Medium (8-10) Large (12-14) Adult: Small Medium Large X-Large

If possible, place my child in the same group as _____

I give permission for pictures and videos of my child to be used by OLP on their website, newsletters, bulletin boards, and/or other publications for parish and program promotion and information.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name _____ Phone _____

OPTIONAL MEDICAL INFORMATION: (Please staple additional page if you need additional space.)

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier/number _____

Family Doctor _____ Phone _____

ONLY Grades 2-5 —Afternoon Field Trips—Parental Consent and Indemnity Agreement

I, _____, grant permission for _____

to participate in the above named activities and I warrant that my child is in good health. In consideration of my child's/children's participation, I agree to indemnify Our Lady of Peace and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against Our Lady of Peace / Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the events/activities described above. I also agree to pay reasonable attorney's fees or expenses incurred by Our Lady of Peace and the Archdiocese in defense of such a claim/suit.