

**ST. FRANCIS DE SALES VACATION BIBLE SCHOOL  
June 16 – 20, 2008**

**REGISTRATION FORM, EMERGENCY MEDICAL AUTHORIZATION,  
WAIVER OF DAMAGES and RELEASE FOR PHOTOS/VIDEOS**

(Please complete one form per child; make copies as needed.)

**CHILD'S NAME:** \_\_\_\_\_

**BIRTHDATE (Month/Day/Year):** \_\_\_\_\_ **SEX: M F**

**GRADE CHILD WILL ENTER THIS FALL:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**FAMILY E-MAIL ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN NAME (1<sup>st</sup> contact):**

**NAME:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME (2<sup>nd</sup> contact):**

**NAME:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN:**

**NAME:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**Please return this form with your payment of registration fees to the  
Religious Education Office, Attn: Lori Mazzone, 66 Granville Street, Newark, 43055.  
Checks should be made payable to St. Francis de Sales Church.**

**(Part I OR Part II must be completed)**

**PART I – REFUSAL TO CONSENT**

***DO NOT COMPLETE IF YOU WISH TREATMENT TO BE PROVIDED***

*I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the St. Francis de Sales Vacation Bible School staff to take no action or to*

\_\_\_\_\_  
**Parent Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**PART II – TO GRANT CONSENT**

In the event reasonable attempts to contact me or my child's other parent/designated guardian as designated on this form are unsuccessful, I give my consent for the administration of any treatment deemed necessary. Following are facts concerning my child's medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted:

Concerns: \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

*I hereby grant permission for St. Francis de Sales Church, its agents and employees to reproduce photographs or video taken of my child during VBS in the church newsletter, bulletin, or website or other church-related materials. No names will be used to identify any child in any photograph. I understand the employees and agent of the church will decide which photographs to include, when they will be included, and when they will be removed. I realize that St. Francis Church cannot control the further distribution or use of the photographs once they are posted and I will not hold St. Francis liable for the alteration or further use of any photographs beyond their original intent. I understand that I may request, in writing, that any or all photographs of my child be removed from the website and St. Francis will promptly remove that photograph, but that St. Francis cannot control the alteration or further use of any photographs posted on the website before I request their removal. I also understand that any photographs of my child will not appear without my express written approval indicated by my signature on this document. I hereby waive and release any and all rights and claims for damages I may have against St. Francis de Sales for any and all injuries or illness that may be suffered in connection with my child's involvement with Vacation Bible School.*

\_\_\_\_\_  
**Parent Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**REGISTRATION FORM MUST BE COMPLETED IN ENTIRETY.**