



CATHOLIC VACATION BIBLE SCHOOL

Registration Form Calling All Children Entering TK – 2ND Grades June 24-28, 2019

9 a.m. to Noon

Location: Corpus Christi Parish, 880 Toyopa Drive, Pacific Palisades, CA 90272

Phone: 310-454-1328 ext. 226



Please return completed form and payment of \$125/child to the parish office by June 1, 2019.

Make checks payable to Corpus Christi Parish.

SPACE IS LIMITED SO REGISTER EARLY!

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Child's Information: (Please print.)

Name: _____

Grade (entering fall 2019): ____ **Sex:** (circle) M F **Youth T-shirt size:** (circle) XS S M L

My son/daughter has no known medical needs, allergies or dietary restrictions except as follows:

Health Insurance Company _____ **Policy No.:** _____

Family Information: (Please print.)

Parents/Guardians' Name(s): _____

Address: _____

Phone: Home: _____ **Work:** _____ **Cell:** _____

Email: _____

Person to Notify in Case of Emergency if Parents or Guardians above are unavailable: (Please print.)

Name: _____ **Relationship to Child** _____

Phone: _____ **Email:** _____

I request my son/daughter to participate in the above activity. As a condition of participating in this activity, my son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity. I give permission to staff members, VBS volunteers, medical practitioners and medical facilities to use their judgment in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from liability in connection with this request. I understand that the insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost incurred. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Corpus Christi Parish programs. **Release of Liability:** I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above.

Parent / Guardian Signature

Date