



Vacation Bible School Family Registration Form

June 25 – June 29, Monday – Friday

9 a.m. to 12 Noon - Ages 4 through Rising 5th graders

Fee: \$30.00 for 1 child; \$35.00 per family

Complete One Form Per Family

Please Bring a Snack Each Day for your Child

Return completed form, release form, and payment (check made payable to Star of the Sea Catholic Church with VBS in memo line) to the Parish Office.

Registration will close **June 11th** and at 70 participants.

Child 1: Gender (circle one) Male Female

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Upcoming Grade: _____

Child 2: Gender (circle one) Male Female

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Upcoming Grade: _____

Child 3: Gender (circle one) Male Female

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Upcoming Grade: _____

***I would like my children to be in the same group (CIRCLE ONE) YES NO**

Complete the reverse side of this form for each child registered

Parent/Guardian Name (s): _____

Mobile phone: _____

Email: _____

Allergies or other medical conditions: _____

Teens and Adults, we need you! Teens (rising 6th through 12th grade) are needed to be Crew Leaders to help lead and guide the children throughout the morning at each station, moving between stations and assist with activities. Adults are also needed as Crew Leaders to supervise children and teen volunteers. The Stations are: Imagination Station, Games, Bible Stories (Drama), Kid Vid and the Opening and Closing.

Adult Volunteer families are Free! Star of the Sea School Parents can receive service hours for the upcoming 2018-2019 school year. Teens can earn service hours for their help.

Volunteer's Name (for teen volunteers – please indicate your upcoming Grade)	Cell Number	Email	Area of Help
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For more information please contact Jeanine Ritz at Jeanine@staroftheseaparish.com

Star of the Sea VBS Release Form 2018 – Please Fill Out 1 PER CHILD

Parish: Star of the Sea Catholic Church Phone: 757-428-8547
Address: 1404 Pacific Ave City: Virginia Beach Zip: 23451
Type of Event: see information for each event to be given out separately
Destination: see information for each event to be given out separately
Individual in Charge: Jeanine Ritz/Adult Volunteer Catechists
Transportation: see information sheets for each event to be given out separately
Dates of Trip: see information sheets for each event to be given out separately

Child's Name _____
Date of Birth _____ **Gender** _____
Parent(s)/Guardian's Names _____
Street Address _____
City _____ **State** _____ **Zip** _____
Home Phone _____ **Cell Phone** _____
Emergency Contact Name (other than parents) _____
Contact Number _____ **Relationship to Child** _____

Does your child have any allergies? Yes No
Details:

Is your child taking any medication? Yes No
Details:

Is there any other physical or emotional condition of which we need to be aware? Yes No
Please explain:

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, the Star of the Sea Catholic Church, their employees and agents, chaperones, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese and/or Star of the Sea Catholic Church, their employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese and/or Star of the Sea Catholic Church.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond and/or Star of the Sea Catholic Church responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ **Date:** _____

I give permission for pictures and/or video of my child (named above) engaged in activities related to Star of the Sea Catholic Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If no box is checked below, Star of the Sea Catholic Church assumes you give permission.

Yes No

Parent/Guardian Signature: _____ **Date:** _____