



LUMEN FIDEI: LIGHT OF FAITH

St. Patrick Roman Catholic Church VBS using Totus Tuus: July 8-13, 2018

Grades 1-6: Mon-Fri, 9:00am-3:00pm | **Grades 7-12:** Sun-Thu, 7:30pm-9:45pm

Registration Deadline: **June 24** Cost: **\$25** per Child or **\$75** per Family

Each 1-6 grade child must bring a sack lunch daily.

Return completed forms & payment to Summer LaMay at parish office or slamay@stpatscs.org.

LAST NAME: _____

ADDRESS: _____

E-MAIL: _____

HOME #: _____

MOTHER'S NAME: _____

CELL #: _____

Y / N I would like to volunteer in some capacity.

FATHER'S NAME: _____

CELL #: _____

Y / N I would like to volunteer in some capacity.

CHILD NAME #1: _____

BIRTH DATE: _____

ALLERGIES: _____

M/F GRADE: _____

CHILD NAME #2: _____

BIRTH DATE: _____

ALLERGIES: _____

M/F GRADE: _____

CHILD NAME #3: _____

BIRTH DATE: _____

ALLERGIES: _____

M/F GRADE: _____

CHILD NAME #4: _____

BIRTH DATE: _____

ALLERGIES: _____

M/F GRADE: _____

CHILD NAME #5: _____

BIRTH DATE: _____

ALLERGIES: _____

M/F GRADE: _____

CHILD NAME #6: _____

BIRTH DATE: _____

ALLERGIES: _____

M/F GRADE: _____



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Additional Emergency Contact Information:

Name and phone number of an adult to contact if no parent can be reached.

EMERGENCY NAME: _____ **PHONE #:** _____

NAME OF FAMILY PHYSICIAN: _____ **PHONE #:** _____

INSURANCE COMPANY: _____ **POLICY #:** _____

Medical Authorization:

I understand that the Catholic Diocese of Colorado Springs, St. Patrick Church, and Totus Tuus assume no responsibility for accidents which may occur in association with diocesan events and activities. I agree to use my/our personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/we hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for the participant as deemed necessary.

Permission for Other Medical Matters:

___ Yes, in the event it comes to the attention of the diocesan and/or parish chaperones that the participant complains of issues, I grant permission for non-permission medication (such as Tylenol, lozenges, etc.) to be given to the participant.

Release of Liability for Youth and Adults:

I understand all reasonable safety precautions will be taken at all times by the Catholic diocese of Colorado Springs, S. Patrick Church, and Totus Tuus and its employees and agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to inddemnify and hold harmless the Catholic Diocese of Colorado Springs, St. Patrick Church, Totus Tuus, its leaders, employees, and volunteer staff from any and all claims arising from or in connection with attending this event.

Code of Behavior for Youth and Adults:

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/participant fail(s) to abide in any way by the rules, that I/participant can be dismissed from the event and sent home immediately at my/participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Colorado Springs, St. Patrick Church, or any of its chaperones/representatives.

Photo Release:

___ Yes, I hereby authorize the Catholic Diocese of Colorado Springs, St. Patrick Church, Totus Tuus and their agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Colorado Springs. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Colorado Springs, St. Patrick Church, and Totus Tuus and their agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

Parent/Guardian

Date