

St. Mary's Visitation Child Ministry

Vacation Bible School 2019

Registration/Permission Form and Parent/Legal Guardian Agreement

CHILD/WARD: _____

PARISH/SCHOOL: St. Mary's Visitation Parish

DESIGNATED SUPERVISOR OF ACTIVITY: Elizabeth Harrison 262-385-1100 text/call

DATE AND TIME OF ACTIVITY: Monday, June 24 to Friday, June 28, 9:00 AM to noon

METHOD OF TRANSPORTATION: Parent to drop off by 9:00 AM and pick up by noon

STUDENT COST: \$45/child -\$5 discount or volunteer snacks donation

for 2nd or more child/children per family – No refunds.

LOCATION: St. Mary's Visitation Parish campus

I consent to the participation of my CHILD/WARD in the above name ACTIVITY. In consideration for my CHILD/WARD'S participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply. I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns of questions about the ACTIVITY or this agreement that I may have had. I also agree that I will review with my CHILD/WARD the importance of abiding by the signed code of conduct (most importantly, in regards to tobacco/alcohol/drugs and sexual misconduct being prohibited from the retreat). **Picture release:** I agree my CHILD/WARD may be photographed for program purposes while participating with St. Mary Youth Ministry and such photos may be used in promotional publications or posted on the Parish Website.

Parent/Legal Guardian Signature

Date

Address

City

State

Zip

Home #

Work #

Cell #

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical 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, **contact:**

Name _____

Phone # _____

PLEASE FURNISH MEDICAL INFORMATION about your CHILD/WARD which may be pertinent to his or her participation in the above identified ACTIVITY: _____

Parent Name: _____ **Phone#** _____

→ **RETURN THIS FORM TO THE SMV PARISH OFFICE, ATTN: Elizabeth Harrison** ←

Form and payment due at time of registration

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906