

PARTICIPANT Registration Form, Nazareth Village VBS Feb 2019

St. Leo the Great R. C. Parish, 885 Sweet Home Rd, Amherst, NY 14226

www.stleothegreatamherst.com | 885-8905 x14



If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and medical release information. As the parents / legal guardians, you remain fully responsible for any legal responsibility that may result from actions taken by your child, named above.

Liability Release

We recognize and acknowledge that there are risks in our child's presence and participation in the above mentioned activities. We agree to indemnify, hold harmless, waive and relinquish all claims we may have against officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of/or caused by any activity my child participates in during the event.

Medical Release

Our permission is hereby given to the representatives / volunteers of St. Leo the Great to authorize by our signatures, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the child designated below.

Event specifics:

Who: Any children age 4 through Gr. 5

When: Tues 2/19, Wed 2/20, Thurs 2/21
drop off at 9 AM, Pick up at 12 PM

Where: Event Center, St. Leo the Great Parish

What: Faith lessons, games, snacks, crafts on theme, supervised by parish staff and trained volunteers

Suggested Donation: \$15 per child or \$35 per family (checks payable to St. Leo the Great Church)

Circle the days your child will attend:

Tues

Wed

Thurs

Child's full name

Child's date of birth

Child's preferred name

Child's grade level

Parent Address

Child's gender

Parent Telephone number

Parent email

Emergency contact name / relation

Emergency contact phone

Child's doctor and phone

Child's Health Insurance Company / Plan # / ID #

Child's allergies (including to foods), reactions, or other pertinent medical info

Permission granted to include child in photos / videos taken at event: Yes _____ No _____

Parent signature

Date

Parent Name (printed)