



VBS Registration

Please fill out this form and **submit by June 30th** to the parish Office. A fee of \$75.00 per participant must be submitted with this form in order **to guarantee a T-shirt and your child's place** at Our Lady of Fatima Parish VBS. **Checks can be made payable to, Our lady of Fatima Church with "VBS" written in the memo field.**

If you have any questions or concerns, please email Susie Hattan at sdhattan@att.net

Parent/ Guardian Full Name: _____

Email: _____

Child's Full Name: _____ Child's Birthdate: _____

Child's Nick Name: _____ Gender (circle one): Male Female

Child's Age: _____ Grade entering in the fall: K 1 2 3 4 5 Child's Shirt Size: XS S M L XL

Street Address: _____

City: _____ Zip Code: _____

Mother/Guardian's Contact Phone number: _____

Father/Guardian's Contact phone number: _____

Does your child have any allergies or medical conditions?

Related Emergency Contact

Non-Related Emergency Contact:

Number: _____

Number: _____

Does your child have a friend he or she would like to be placed with? (If yes please write name)

-----Office Use-----

Method of Payment:

Amount Paid: _____

___ Check # _____

___ Cash

Received By: _____ Date: _____

Turn page over

Minor Permission and Release Form

Program: participation in Our Lady of Fatima Parish Vacation Bible School. This authorization is valid for any and all activities that will be held on the Our Lady of Fatima grounds only, from today's date until August 1st.

I, the parent of _____ hereby give my permission for her/his participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, and diocesan personnel responsible for this activity. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to, The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any claims for personal injuries or property damage that s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by negligence, active or passive, or any of the entities, individuals names or described above.

I agree that in the event my child being injured as a result of his/her participation in the above named activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of this agents or employees, recourse for the payment of any resulting hospital, medical or dental insurance or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist, or licensed care staff.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby, waive any rights to compensation or any right that I otherwise might have limit or to control such making or use.

Parent signature: _____

Date: _____

DON'T FORGET TO SUMMIT THIS FORM BY JUNE 30TH, SO YOUR CHILD CAN GET A T-SHIRT!