

Summer VBS REGISTRATION

Corpus Christi Church

June 24 – 28 9:30 am-12:00 pm

For youth in grades Preschool – Grade 5 in the Fall

Complete all 3 pages of this registration form and return to Corpus Christi
by May 27, 2019. After that, registrations are taken as space allows.

Student Name: _____ Grade in Fall: _____

Student Name: _____ Grade in Fall: _____

Student Name: _____ Grade in Fall: _____

Student Name: _____ Grade in Fall: _____

Parent/Guardian Name: _____ Cell _____

Parent/Guardian E-mail: _____

Each VBS participant will receive a t-shirt to wear VBS days. Adult/Youth leaders volunteering for at least 3 days will receive a free t-shirt.

	XS	S	M	L	XL	2XL	3XL
Men's	---						
Women's							
Youth						---	---

Parents/guardians are asked to volunteer, you will receive a discount for each day you volunteer.

Name(s) of parent(s) who will be volunteering: _____

I would like to volunteer on these days: (Please circle choices)

Monday Tuesday Wednesday Thursday Friday

If requesting a scholarship, can you volunteer one or more days? _____

Monday Tuesday Wednesday Thursday Friday

Payment Options - Make checks payable to Corpus Christi.

VBS Registration Fee \$35 -(\$70 cap per Family)	
Volunteer Discount \$5 x ___ days	
Scholarship amount requested	
TOTAL	

Colleen Ciaccio 651-846-9215 colleen@ccmn.org

Corpus Christi Church 2131 Fairview Ave N Roseville, MN 55113

FOR OFFICE USE ONLY: Check # _____ Amt \$ _____ Rec'd by _____

Corpus Christi VBS

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Please complete one form for each child

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Work Phone _____ Cell _____

Please indicate dates your child has permission to participate:

Type of Activity: Vacation Bible School Dates: *June 24 - 28, 2019*

Destination: *Church of Corpus Christi.*

Individual in Charge: *Colleen Ciaccio*

Estimated Time: *8:45am - 12:00 pm*

Student Cost: *\$35 Partial and full scholarships available. Discounts available for volunteering.*

I, _____, grant permission for _____
Parent or Guardian Name Child's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of Corpus Christi and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of Corpus Christi /Archdiocese of St. Paul & Minneapolis by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date

Church of Corpus Christi

2131 Fairview Ave. North, Roseville, MN 55113-5499

Telephone: 651-639-8888 Fax: 651-639-8288

E-Mail: office@churchofcorpuschristi.org Web page: www.churchofcorpuschristi.org

Photo Release

AUTHORIZATION, CONSENT AND RELEASE FOR USE OF VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS

I authorize and consent that Corpus Christi and the Archdiocese of Saint Paul and Minneapolis be permitted to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever the likeness of My Child and My Child's original work, including video, photographic portraits, pictures, or reproductions, made through any medium, including social or other electronic media, in accordance with the Acceptable Use Policy for Electronic Communications and the Social Media Policy, **provided only the first name (not the family name) is identified if any name is used.** I hereby release Corpus Christi, the Archdiocese of Saint Paul and Minneapolis, and anyone authorized by Corpus Christi or Archdiocese of Saint Paul and Minneapolis with such use.

This consent regarding My Child(ren)'s likeness or original work is valid for one year.

If I choose to rescind my authorization and consent, I agree that I will inform Corpus Christi in writing and that my rescission will not take effect until it is received by Corpus Christi. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.

Child(ren)'s Name(s): _____

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____