

# VBS 2024



## "Playing on God's Team"

JUNE 24-JUNE 28  
9:00 am to 12:30 pm



All children Kinder - 6th grade welcome!

Child's Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Cell #s: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Allergies/Health Conditions: \_\_\_\_\_

Adults who may pick up my child(ren), Name & Cell #:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Friends/family to place your child with (kids will be grouped by age and grade):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Cost to register for VBS is \$30 for one child with a max of \$80/family until June 16th. After June 16th, \$50 per child.**

**Want to volunteer? Adult and youth (7th grade and older) volunteers accepted. Visit the RE office, or call 434-3522.**

### Office Use Only

Registration Fee (circle):    Cash    Check# \_\_\_\_\_    Online    Date Paid \_\_\_\_\_

Assignment: \_\_\_\_\_

**Diocese of Fresno and all Entities of the Diocese of Fresno:  
Permission for a Minor to Participate in a DOF Activity, Release of  
Liability, and Consent for Emergency Medical Treatment**

Parent / Guardian: In order for your child to attend and/or participate in this specific event, activity , or sport listed on this form you must give your signed permission by completing this form. In addition to this form, you must also have on file at your Parish the PR22 Youth Annual Event Authorization.

<b>NAME OF PARISH OR SCHOOL</b>	Holy Spirit	<b>NAME OF GROUP</b>	Religious Education	
<b>NAME OF EVENT</b>	Vacation Bible School (VBS)		<b>DATE OF EVENT</b>	June 24-June 28, 2024

**OFF CAMPUS FIELD TRIP INFORMATION**

<b>DESTINATION OF FIELD TRIP</b>	N/A	<b>CITY / STATE LOCATION</b>	N/A
<b>MODE OF TRANSPORTATION</b>	N/A	<b>FEE (IF APPLICABLE)</b>	See reg form
<b>DEPARTURE DATE AND TIME</b>	N/A	<b>ESTIMATED RETURN DATE AND TIME</b>	N/A
		<b>FORM MUST BE RETURNED BY</b>	

My child is physically fit and capable of participating in this activity and/or event. I have informed my child to follow the rules, guidelines, and instructions of the DOF Entity and its personnel, as well as the adult leadership of this activity. I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of this activity and any transportation involved with this activity.

This permission, waiver, release, and consent applies to the named DOF entity, including, but not limited to the parish; the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and schools; affiliated organizations and officers; clergy; agents; and employees.

**PARTICIPANT AND PARENT/GUARDIAN AUTHORIZATION**

As the parent and/or legal guardian of the named child, I give my permission and consent and agree to all of the foregoing. In the event of an emergency and if the DOF entity is unable to contact me, I authorize the DOF personal or other adult leadership of this event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of the activity.

<b>PRINT NAME OF PARTICIPANT</b>			<b>MEDICAL INFORMATION</b>	
<b>PRINT NAME OF PARENT / GUARDIAN</b>			<b>DOCTOR'S NAME OR MEDICAL GROUP</b>	
<b>SIGNATURE OF PARENT / GUARDIAN</b>	<b>DATE</b>			<b>DOCTOR'S TELEPHONE</b>
<b>HOME PHONE NUMBER</b>			<b>INSURANCE COMPANY</b>	
<b>CELLULAR NUMBER</b>			<b>INS. POLICY NUMBER</b>	
<b>OTHER</b>			<input type="checkbox"/> No Family Physician Listed	
			<b>DATE RECEIVED AND BY</b>	

# EVENT - PHOTOGRAPHY RELEASE AUTHORIZATION

# R-30

## Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

<b>NAME OF PARISH OR SCHOOL</b> Holy Spirit	<b>NAME OF GROUP</b> Religious Education
<b>NAME OF EVENT</b> Vacation Bible School (VBS)	<b>DATE OF EVENT</b> June 24-June 28, 2024

### **PARTICIPANT AGREEMENT:**

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

<b>PRINT NAME OF PARTICIPANT</b>	<b>SIGNATURE OF PARTICIPANT</b>
<b>ADDRESS</b>	
<b>TELEPHONE</b>	<b>EMAIL</b>

### **PARENT / GUARDIAN AUTHORIZATION FOR A MINOR**

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

<b>PRINT NAME OF PARENT / GUARDIAN</b>	<b>SIGNATURE OF PARENT / GUARDIAN</b>
<b>SIGNATURE OF WITNESS</b> KATE MALLAM	<b>DATE</b>