



Vacation Bible School Registration Form –2019

Please Print

Please fill out if you are applying as a participant OR an Aide (6th and up, teen or adult)

Registration is for: (check one)

This application is for a Participant _____ Age _____

Helper _____ Age _____

Adult _____

Name _____

Street Address _____

City _____ Zip _____

Hm Phone _____ Cell/Work Phone _____

In case of emergency, contact: _____

(name of person being contacted – other than parent)

_____ (phone number)

_____ (relationship to child)

Continue if this is a participant (grades 2 -5):

Last School Grade Completed ('18 – '19) _____

Lives with:

Names of parents (or guardian, if applicable)

Anyone under the age of 18, please have a parent fill out the back of this form.

Saint Clarence Emergency Medical Authorization Form - Vacation Bible School 2019

Student's Name _____ Age _____

Parent/Guardian Names _____

Birth date _____ Home phone _____ Cell _____

Address _____

Student's Doctor _____ Phone _____

Student's Dentist _____ Phone _____

Hospital of Choice _____ Phone _____

Insurance Provider _____ Phone _____

Please list any medical issues/concerns: _____

Please list allergies or sensitivities your student might have to any food, drink, or materials that might be used during events: _____

Does your teen have any medical allergies? (If yes, please list) _____

Are there any activities in which your teen may not participate? _____

Please list names and phone numbers of person(s) to call in case of an emergency:

Name _____ Relationship to student _____

Phone _____ Cell _____

Name _____ Relationship to student _____

Phone _____ Cell _____

Part 1-Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant my consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or facility is not available, by another licensed medical practitioner; and (2) the transfer of the student to the above named facility or any reasonably accessible hospital.

The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

Parent/Guardian Signature: _____ Date: _____

Part II-Refusal to Consent

I **do not** give my consent for emergency medical treatment of my student. In the event of illness or emergency treatment being required, I wish that no action be taken or to: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO AND VIDEO RELEASE AND AUTHORIZATION

I (we) the parent(s) and/or guardian(s) of my minor student _____ age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/son during her/his participation at Saint Clarence programs by an employee, agent or representative of Saint Clarence or independent contractor.

This RELEASE AND AUTHORIZATION acknowledges that all photographic negatives, positives, and prints shall constitute the property of Saint Clarence and may be used by Saint Clarence for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

PARENT(S)/GUARDIAN SIGNATURE _____ DATE _____