

# VACATION BIBLE SCHOOL

## Registration Form (FORM IS DOUBLE-SIDED)

**FOR KIDS  
ENTERING  
GRADES 1-4**

Vacation Bible School 2024 will take place daily from  
8:30am-12:30pm at St. Michael's Church July 15-19, 2024

### Participant Information

*All children must be "potty trained" to attend Vacation Bible School*

Name (first & last): \_\_\_\_\_

Age (as of July 15, 2024 ): \_\_\_\_\_ Grade in September 2024: \_\_\_\_\_

Gender: Male / Female (*circle one*)

Please list all dietary restrictions, allergies, special medical attention, recent medical procedures/surgeries  
or other relevant information\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OHIP #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Family Doctor Phone: \_\_\_\_\_

*\*The London North Central Catholic Family of Parishes & the Diocese will take reasonable care in keeping the Participant's medical information confidential.*

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Emergency Contact Information

#### Emergency Contact #1:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

#### Emergency Contact #2:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

### Camper Pick-Up Information

Please list any adults with permission to  
pick up your child(ren) from Camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If at a later date it is decided that another adult **not listed above** will be picking up your child from Vacation Bible School, please provide a signed note to Leigh Duckworth.*



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### **Media Release**

Photos and/or videos may be taken to be used on Diocese of London websites or social media platforms, in printed materials, or submitted with press releases to local publications to illustrate our community for potential visitors. Reasonable efforts will be made by the Diocese of London not to identify participants by name. The Diocese of London is not responsible if participants disseminate names.

*By signing my name on this form, I understand that I am giving the London North Central Catholic Family of Parishes, and the Diocese of London permissions to take and use photos and videos of my child(ren) named on this form for any of the above listed purposes.*

### **Consent, Indemnification & Release of Liability:**

I/we, on behalf of myself/ourselves, the Participant, my/our and the Participant's heirs, executors, personal representatives, successors and assigns, hereby:

- Represent that I am/we are the parent(s), legal guardian(s) or other authorized person(s) or organization with authority over the Participant.
- Consent to the Participant participating in Vacation Bible School, and/or possible use of photo and video.
- Confirm that I am/we are aware of the usual risks and dangers inherent in participation in the activities associated with Vacation Bible School.
- Acknowledge and agree that I/we remain legally responsible for any personal action(s) taken by the Participant, and I/we fully indemnify and save harmless the Diocese of London, its Bishop, parishes, officers, directors, priests, volunteers, employees and agents, including chaperones or other representatives associated with Vacation Bible School, from any claim for damages to person or property caused by the Participant.
- Forever release and fully hold harmless and shall defend the Diocese of London, its Bishop, parishes, officers, directors, priests, volunteers, employees and agents, including chaperones or other representatives associated with the Event (the "Diocese of London"), from any and all claims, causes of action and liability of every kind and character, including in connection with any loss or damage to person, property, illness or injury, or cost of medical treatment, arising from or in connection with (directly or indirectly) the Participant participating in and/or attending Vacation Bible School (collectively, "Claims") save and except for Claims arising from the gross negligence of the Diocese of London.

### **Authorization for Medical Treatment**

I/we hereby warrant that to the best of my/our knowledge and belief, the Participant is in good health, and I/we assume all responsibility for the health of the Participant.

I/we hereby grant my/our permission for the Diocese of London to make arrangements for medical attention for the Participant without my/our prior approval if emergency treatment is reasonably required, and confirm that I/we will be notified as quickly as possible if this authority is exercised.

I/we hereby state that we have shared all known dietary restrictions, allergies, special medical attention, recent medical procedures/surgeries or other relevant information.

***By signing, I consent to the provisions of the Electronic Commerce Act and I agree that an electronic copy of this document, including a pdf, fax, or other electronic attachment, and/or a copy with my signature or electronic signature(s), shall be equivalent to an original signed by myself under seal.***

***By signing this legal document, you are giving up certain legal rights, including the right to sue in certain circumstances. By signing, you confirm having read all items carefully.***

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Participant's Parent/Guardian Signature

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Date Signed

