

VACATION BIBLE SCHOOL

Registration Form

(FORM IS DOUBLE-SIDED)

**FOR KIDS
ENTERING
JK-GRADE 5**

**Vacation Bible School 2023 will take place daily from
8:30am-12:30pm at St. Michael's Church July 17-21, 2023**

**\$10/ child
\$30/ family***

*family defined as
children all living
at the same address

Participant Information

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

Name (first & last): _____

Age (as of June 17, 2023): _____ Grade in September 2023: _____

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.*

For office use only: Payment Received

registration fee is non-refundable



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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.

Participant's Parent/Guardian Signature

Date Signed

