



**Vacation Bible School**  
 Student Registration & Medical Release  
 June 24 - June 28, 2019 8:30-12:00

Student Last Name \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email address: (please print) \_\_\_\_\_ (used only for VBS communications)

Child(ren) Names	Date of Birth	Age	Grade completed June 2019	Medications, Allergies, Physical Disabilities or Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*\*\* Pre-K students must be potty trained \*\*\***

Person(s) authorized to pick up your child \_\_\_\_\_

The children will be wearing the **SAME green VBS T-SHIRTS** as last year.

**Are you Pre-ordering a VBS T-Shirt?** Y \_\_\_ N \_\_\_ ( If so, please include **\$7.00 for each T-Shirt** with registration)

**Plan to purchase T-shirt onsite at VBS** Y \_\_\_ N \_\_\_

**If ordering, enter Qty & circle size:** \_\_\_\_\_ **Child** - X-Small/Small/Medium/Large/X-Large  
 \_\_\_\_\_ **Adult** - Small/Medium/Large

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

Submit registration to Church office, email DRE or mail to:

Holy Spirit Catholic Church  
 11665 Ft. Caroline Rd.  
 Jacksonville, FL 32225

	<b>Early Bird Until May 14</b>	<b>5/15 - 5/30</b>	<b>After May 30</b>
1 <sup>st</sup> Child	\$20 _____	\$25 _____	\$30 _____
2 <sup>nd</sup> Child	\$15 _____	\$20 _____	\$25 _____
3 <sup>rd</sup> Child	\$10 _____	\$15 _____	\$20 _____
4 <sup>th</sup> Child	\$ 5 _____	\$10 _____	\$15 _____

**Total Number of Children:** \_\_\_\_\_

**T-shirt Fee \$** \_\_\_\_\_

**Registration \$** \_\_\_\_\_

**TOTAL DUE \$** \_\_\_\_\_

**Questions:** (904) 641-7244  
 mhernandez@holyspiritchurchjax.org

**Please read and sign the BACK of the FORM also.**



Student Last Name \_\_\_\_\_

Date \_\_\_\_\_

**MEDICAL RELEASE:** I hereby warrant that to the best of my knowledge, my child(ren) named is (are) in good health, and I assume all responsibility for the health of my child(ren).

*(Of the following statements pertaining to medical matters for your child, sign only in accordance with your wishes)*

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to the physician and the Diocese of St. Augustine's employees, volunteer, or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocesan representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name	Phone	Relationship
Family Doctor	Phone	Family Health Plan Policy Number

I make the following exceptions:

Please note in the **medications, allergies, comments** section if applicable. If not applicable, please write N/A

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the Diocese of St. Augustine's employees, volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to directions.

**Eligibility to Participate:** The child listed on the front of this VBS Registration and Medical Release form is eligible to participate in this parish-sponsored event under the guidance and supervision of employees/volunteers from Holy Spirit Parish. If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

For, and in consideration of, the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T. D., as bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T. D., individually, the above noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be a broad and inclusive as permitted by the laws of the State Of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date