



Holy Spirit Catholic Church
Vacation Bible School
 Student Registration & Medical Release
 July 18 - 22, 2022 8:30am - 12noon

STUDENT LAST NAME _____

FOR OFFICE USE ONLY

Date Received _____ Paid \$ _____

Cash/Check # _____

Parent/Guardian _____ Phone _____ Cell Phone _____

Address _____ City _____ ST _____ ZIP _____

Email address: (please print) _____

Child(ren) Names	Date of Birth	Age	Grade Completed June 2022	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 Yes, please include **\$7.00 for each T-Shirt** with registration)

If ordering, enter Qty & circle size(s): _____ **Youth** - X-Small / Small / Medium / Large / X-Large

_____ **Adult** - Small / Medium / Large

_____ Signature of Parent/Guardian	_____ Date
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Submit registration to Church office, email DRE or mail to:	Early Bird Until June 12 6/13 - 7/3 After July 3	Total # of Children: _____
Holy Spirit Catholic Church	1 st Child \$20 _____ \$25 _____ \$30 _____	T-shirt Fee \$ _____
11665 Ft. Caroline Rd.	2 nd Child \$15 _____ \$20 _____ \$25 _____	Registration \$ _____
Jacksonville, FL 32225	3 rd Child \$10 _____ \$15 _____ \$20 _____	
	4 th Child \$ 5 _____ \$10 _____ \$15 _____	
Questions: (904) 641-7244 mhernandez@holyspirtchurchjax.org		TOTAL DUE \$ _____

Please read and sign the BACK of the FORM also.



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).

(If the following statements pertain 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(ren) herein named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocesan/Church 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

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.

PHOTO RELEASE: I give Holy Spirit Catholic Church permission to use audio/visual and photographs taken of my child during Vacation Bible School (VBS) for the purpose of activities within the church and promotion of the VBS program within the Parish. Also, from time to time, publicity releases for newspapers, television and other media may be prepared about events occurring at the Parish. These may or may not be accompanied by photos or video of students. Holy Spirit Catholic Church or a media representative may prepare the releases. I give permission for my child's name and likeness to be included in such publicity releases.

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