



St. Patrick Catholic Church

PreK & K (Rising)

Vacation Bible School

Monday thru Friday

9:00 am – 12:00 pm

June 3-7, 2019

\$10 per child

*Learn the meaning of the
Perfect Prayer on earth
given to us by Jesus,
the Perfect Teacher*

Name of Parents/Guardians _____

Address _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name(s) of Child(ren)	Allergies, Medications & Dosage, Medical Conditions, Food Restrictions	Grade in 2019-20

ADDITIONAL EMERGENCY CONTACT INFORMATION: Name and phone number of an adult to reach in case of emergency in the event that you cannot be reached at the numbers above.

Name _____ Phone Number _____

Name of Family Physician _____ Phone Number _____

Insurance Company _____ Policy # _____

Please complete and sign back of page.

All activities are held on the campus of St. Patrick Church and School
Please do not let the cost prohibit you from registering. Just talk with Fr. Brian.

www.stpatrickwentzville.org/bible-camps

For more info contact Peggy Webb
636-332-9225 ext. 243 or psr@stpatsch.org

ADULT VOLUNTEERS ARE NEEDED AND APPRECIATED!



Forming Disciples; Leading All to Christ

Medical Authorization:

I understand that the Catholic Archdiocese of St. Louis and St Patrick Parish assume no responsibility for accidents which may occur in association with diocesan events and activities. I agree to use my/our personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

Release of Liability for Youth and Adults:

I understand all reasonable safety precautions will be taken at all times by the Archdiocese of St. Louis and St Patrick Parish and its employees and agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Archdiocese of St. Louis and Totus Tuus, its leaders, employees and volunteer staff from any and all claims arising from or in connection with attending this event.

Code of Behavior for Youth and Adults:

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Archdiocese of St. Louis and St Patrick Parish or its chaperones/representatives.

Photo Release:

____ **YES**, I hereby authorize the Archdiocese of St. Louis, St. Patrick Parish and its agents to utilize photographic and/or video images of me or my child by the Archdiocese of St. Louis. In giving my consent, I hereby indemnify and hold harmless the Archdiocese of St. Louis, St. Patrick Parish and its agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

Signature of Parent/Guardian _____ Date _____