

St. Mary's Vacation Bible School 2020
Family Registration Form

Parade Around the Our Father
with St. Joseph of Cupertino

When: June 15-18 2020 **(Monday – Thursday)**
Time: 9am-12 noon **(Thursday Program at noon)**
Where: St. Mary's Church
Who: Children ages 4-11 (K4-5th grade)*
Cost: \$35 per child or maximum fee \$125.00



Sizing for t-shirts on next page

Last Name _____

Phone _____ E-mail _____
(Please print legibly)

Address _____ City, Zip _____

Child's Nick Name _____ M/F Grade _____ Upcoming Sept. T-Shirt Size _____

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Child's Nick Name _____ M/F Grade _____ Upcoming Sept. T-Shirt Size _____

** Nursery and K3 are available for children of volunteers only.*

*Nursery _____ K-3 _____
(Still in diapers or not ready or able to handle walking around)

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Emergency Contact _____ Daytime Phone _____

List any allergies of your children:

Child's Name & Allergies _____

Child's Name & Allergies _____

Child's Name & Allergies _____

Registration deadline is 13 May 2020. Make checks payable to: St. Mary's

Return to: St. Mary's, Attn: VBS, 111 Hampton Ave., Greenville, SC 29601

For additional information contact Shana Upham at

shana.upham@gmail.com or 864.449.8253

VBS T-Shirt Sample and Sizing Chart

All T-Shirts are 100% Cotton

Please note because this is a special order, we cannot exchange a size that was ordered wrong by you, so select carefully.

Colors: lime = children & daisy yellow = teen & adult volunteers



3T = toddler size

4T = toddler size

YXS = youth extra small

YS = youth small

YM = youth medium

YL = youth large

AS = adult small

AM = adult medium

AL = adult large

AXL = adult x-large

AXXL = adult 2X

VBS SERVICE PROJECT TO SUPPORT THE DIOCESE OF CHARLESTON SEMINARIANS

Please Join Us for Our Program

Thursday 6/18/20

Program at 12.00 noon

Dismissal Immediately After Program

**PARENT/LEGAL GUARDIAN PERMISSION SLIP
AND INDEMNITY AGREEMENT**

LAST NAME: _____

CHILDREN: _____

PARISH/SCHOOL: St. Mary's Catholic Church

DESIGNATED SUPERVISOR OF ACTIVITY: *Shana Upham*

ACTIVITY: Vacation Bible School

DESCRIPTION OF ACTIVITY: Faith, Crafts, Games, Music, and Snacks.

Dates & Time of Activity: June 15 –18 2020 9.00 - 12.00 noon Mon. – Thurs. (Program at noon on Thursday)

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILDREN/WARDS participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include the Diocese of Charleston) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILDREN/WARDS may bring against the PARISH/SCHOOL which relates to the above named activity if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILDREN/WARDS, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILDREN/WARDS will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone Number: _____

Please furnish medical information about your CHILDREN/WARDS which may be pertinent to his/her participation in the above identified ACTIVITY:

Photograph/Press Release: I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and website.

- ☐ I hereby authorize and give full consent to St. Mary's Catholic Church. (Name of Parish/ School) to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while enrolled as a participant in the Vacation Bible School. (Name of Event)
- ☐ I do not consent to the photographs, videos, written extractions, and voice recordings release.

Parent/Legal Guardian Signature

Date

Address _____ Cell () _____ Home () _____