

**VBS 2020**  
*Saint Elizabeth Ann Seton Church*  
**Registration Form**  
*(One per Child)*



Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parents: Father \_\_\_\_\_ Mother \_\_\_\_\_

Address: \_\_\_\_\_

Parent/caregiver's cellphone: (\_\_\_\_\_) \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Home church/Location: \_\_\_\_\_

Youth T-Shirt Size: \_\_\_\_\_ Participation Fee: \$65.00 ***please make check payable to SEAS***

***Check Number:*** \_\_\_\_\_ ***date:*** \_\_\_\_\_

Allergies, medical conditions, or special needs:

\_\_\_\_\_

If parents cannot be reached in case of emergency, please contact this non-parent/adult:

\_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

I, the undersigned, as the parent or legal guardian of the above-named child, do hereby give permission for him/her to participate in any of the activities conducted by the Children's Ministry for the Parish of St. Elizabeth Ann Seton in Irvine.

**LIABILITY RELEASE:** I also hereby release, forever discharge and agree to hold harmless the Parish of St. Elizabeth Ann Seton and the Diocese of Orange, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during all Children's Ministry activities. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage and expense as a result of participation in these activities. Further, authorization and permission is granted to furnish any necessary transportation, food, lodging required for the activities. The undersigned

further hereby agrees to hold harmless and indemnify St. Elizabeth Ann Seton Church, its directors, employees or agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto.

Initial here: \_\_\_\_\_

**MEDICAL RELEASE:** I attest that the above-named child is in good physical condition. Should any accident or illness occur during any Children's Ministry activity, I will not hold St. Elizabeth Ann Seton or its directors responsible for medical aid rendered and will reimburse them for the medical and other expenses incurred. The above-named child may receive necessary first aid. He/she may receive medical attention by any duly licensed physician and may be admitted into a hospital in case of emergency.

Initial here: \_\_\_\_\_

**DISASTER PREPAREDNESS:** In case of disaster, my child may be released into the care of a parent, legal guardian, or the above listed emergency contact persons.

Initial here: \_\_\_\_\_

**CONSENT FOR PHOTOGRAPHS & VIDEOS:** I hereby authorize and give full consent, without limitations or reservations, to St. Elizabeth Ann Seton parish and the Diocese of Orange to publish any photographs or videos in which the above named student, parents, or grandparent appear while participating in any program with the St. Elizabeth Ann Seton parish. There will be no compensation for use or any photographs or videos at the time of publication or in the future.

Initial here: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_