

Young Disciples Team is coming to Holy Spirit

Vacation Bible School

Monday, June 11 – Friday, June 15, 2012

8:30 a.m. – 3:30 p.m.

This camp is for those who have completed grades K-6 or are going into grades 1-7. The camp will be run by the Young Disciples Team of the Diocese of Fargo. The day will include Mass, teaching, fun activities, drama, music & prayer to help you to love Jesus and to embrace the life of His Church.

Child's Name: _____ Age: _____
Last school grade completed as of May 2012: _____
Names of other siblings registering: _____
Mother: _____ Father: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home phone: _____ Cell phone: _____
E-mail address: _____

_____ My child will be attending Vacation Bible School
8:30 a.m. – 3:30 p.m.
Suggested donation: \$35.00 per child

_____ My child will participate in the Breakfast Club prior to VBS
7:30 a.m. – 8:30 a.m.
Suggested donation: \$5.00 per child (Only \$1.00/day)

_____ My child will participate in the Extended Day Program after VBS
3:30 p.m. – 5:30 p.m.
Suggested donation: \$10.00 per child (Only \$2.00/day)

Make checks payable to Holy Spirit Church (please note VBS in memo line)

Send registration form with donations to: Attn:
Jeff Benda
Holy Spirit Church
1420 7th Street N
Fargo, ND 58201

Holy Spirit Catholic Church

Vacation Bible School

Release and indemnity agreement

The undersigned for himself/herself and for the minors (persons under the age of 18 years) whose names appear on this registration form as registered for participation in the Holy Spirit Catholic Church Vacation Bible School.

In consideration of the acceptance of my registration and the participation of myself and any of the minors whose names appear on this registration form, or my children, or my wards I hereby, on my behalf and their behalf, release Holy Spirit Catholic Church and the Diocese of Fargo, its agents and employees from all claims for injuries or property damage that I or they may sustain arising out of the event. I and any such minors recognize and acknowledge that there are risks of physical injury to participants in the event both known and unknown and I agree for myself and on their behalf to assume the risks of such injuries, damages, or loss which I or they may sustain as a result of participation in the Event.

I release Holy Spirit Catholic Church and the Diocese of Fargo and its agents and employees from any such claims and I agree to indemnify and hold Holy Spirit Catholic Church and the Diocese of Fargo, its agents and employees harmless from any claims by any of the minors listed on this registration form arising out of or in any way related to the event.

The persons executing the Release and Indemnity Agreement above hereof understand that the event may be videotaped or photographed and agree to such images and further agree that images will be the sold property of Holy Spirit Catholic Church and may be used for advertising and promotional use without notice to or consent of participant, parent, or guardian.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

Parent/Guardian Signature _____ Date _____

Holy Spirit Catholic Church

1420 7th Street N, Fargo, ND 58102

Emergency Medical Form (2012-2013)

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD ENROLLED IN HOLY SPIRIT'S CATECHESIS PROGRAM.

Please complete or change information using block printing.

IN CASE OF A MEDICAL EMERGENCY:

I GIVE PERMISSION FOR MY CHILD TO BE TREATED AT THE NEAREST HOSPITAL IN CASE OF A MEDICAL EMERGENCY, IF I AM UNABLE TO BE CONTACTED AT THE ADDRESS AND PHONE NUMBER LISTED ON THIS FORM. THIS PERMISSION EXTENDS TO EMERGENCY TREATMENT INCLUDING, BUT NOT LIMITED TO, SURGERY, X-RAYS, AND MEDICATION.

Student's Full Name: _____ Date of Birth: _____

List any medical, physical, or behavior limitations / problems (including allergies), special needs or medications your child may have or use, as the case may be. **If none, please write "NONE."**

Child's Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact 1st: _____ Phone: _____

Emergency Contact 2nd: _____ Phone: _____

RELEASE FROM CLASS

In addition to the person completing this form, list below the people who have permission to pick up your child and the phone numbers where these people may be reached on Sundays a.m. or Wednesday nights:

1) _____ Relationship _____ Phone _____

2) _____ Relationship _____ Phone _____

3) _____ Relationship _____ Phone _____

If there is anyone who is **not allowed** contact with your child, please list them below:

1) _____ Relationship _____

2) _____ Relationship _____

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Printed Name: _____