



REGISTRATION FORM

(One Per Child)

June 4th-8th

9:15AM-12:15PM

\$70/First Child \$65/Siblings

Child's name: _____ Child's gender: _____

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

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____



ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY, CASUALTY INSURANCE TRUST

1300 S. Steele St. • Denver, CO 80210
(303) 715-3150 • Fax (303) 715-2041

ACTIVITY RELEASE

Child's name: _____

Birth date: _____ Sex: _____

Parent/Guardian Name: _____

Home address: _____

Home phone: _____ Work/Cell phone: _____

I, _____, grant permission for my child,
_____, to participate in the following activities:

Christ the King, Vacation Bible School, 2018

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Christ the King Catholic Church, Evergreen Colorado, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperons, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Christ the King Catholic Church, Evergreen Colorado its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperons, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of or the Archdiocese of Denver.

Signature: _____ Date: _____

My child has the following restrictions and/or allergies: _____

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Date: _____