

Allergies,

child(ren)'s images.

Parent Signature

## Christ the King Vacation Bible School June 3 - 7 9:15am - 12:15pm \$70/First Child \$60/Siblings Registration Form (one per child)

Child's name: _			Child's gender:	
Child's age:	Date of birth:	Last school	Last school grade completed:	
Name of paren	t(s):			
Street address:				
City:		State:	ZIP:	
Home telephon	e: ( )			
Parent/caregive	er's cellphone: ( )			
Home email ad	dress:			
Home church: _				
ergies, medical cond	itions, or special needs	<b>.</b>		
***seco	nd/alternate emergency con	tact info***		
In case	e of emergency, contact:			
			ny child(ren) while participating	

Date:



## **ACTIVITY RELEASE FOR MINOR PARTICIPANT**

Return Completed Form to Parish/School/Ecclesiastical Organization

Participant's Name:		_
Birth Date:		_
Parent/Guardian Name:		_
Home Address:		
		_
Home Phone:	Work/Cell Phone:	
l,		_, grant permission for my child,
	, to parti	icipate in the following activities:
Vacation Bible School		
I agree on behalf of myself, my child name hold harmless and defend Christ the its officers, directors, employees and a chaperones, or representatives associated child participating in the activities, or in contreatment in connection therewith, and I agaits officers, directors and agents, and the representative associated with the activities any action brought against them as a result of Christ the King  Signature:	ne King Igents, and the Archdiocese of Denvi d with the activities, from any claim aris connection with any illness or injury (inc gree to compensate <u>Christ the</u> Archdiocese of Denver, its employees es for reasonable attorney's fees and e to f such injury or damage, unless such or the Archdiocese of	ver, its employees and agents, ing from or in connection with my cluding death) or cost of medical King, and agents and chaperones, or expenses which they may incur in claim arises from the negligence
My child has the following restrictions and/	or allergies:	
With the exception of the above, I hereby was a large of the lassume all responsibility for the health of	varrant that to the best of my knowledge my child.	e, my child is in good health, and
Signature:	Date:	

Appendix VII.A(1)

RISK MANAGEMENT AND INSURANCE MANUAL