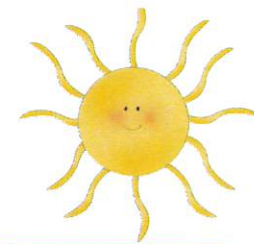




Vacation Bible School @ Nativity B.V.M. Cathedral

"Fun in the Sun"



Registration/Contact Information

(Please Print all Information.)

Names of Child/Children Attending	CURRENT AGE	GRADE ENTERING 2022-23:						Do your children attend Nativity Summer Saints camp also? <i>Transportation is provided!</i>		T-shirt Size Options: YXS YS YM YL YXL AS AM AL AXL	T-Shirt Size	Permission to photograph for Website, News, and/or Fliers?		PLEASE list any ALLERGIES or Medical conditions for each child that we should be aware of:
		1	2	3	4	5	6	YES	NO	YES		NO		
1		1	2	3	4	5	6	YES	NO			YES	NO	
2		1	2	3	4	5	6	YES	NO			YES	NO	
3		1	2	3	4	5	6	YES	NO			YES	NO	
4		1	2	3	4	5	6	YES	NO			YES	NO	
5		1	2	3	4	5	6	YES	NO			YES	NO	

ONLY children that **were in** Kindergarten – 5th Grade **during 2021-22** school-year are permitted to attend

****Those attending Summer Saints will need to also complete a transportation permission slip with the Summer Saints Program.**

The following adults have permission to pick up the child(ren) listed above from the Vacation Bible School program or may be notified in the event of an emergency. **Be sure to include parent name(s) and information on this list as well.**

Name of Adult /Relationship	Cell Number	Work Number	Home Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Email Address(es) : _____

After 12:00 p.m. every effort will be made to contact one of the people listed on this form. If no one can be reached by 1:00, then the lead adult will contact the Biloxi Police Department for further assistance.

Parent Signature _____ Date _____

We will post notices regarding weather, etc. through BAND (an APP that allows us to post pictures, messages, etc.)

Please place a STAR ★ next to name(s) of adult(s) that need to receive an invitation to join BAND. If not specified, all will receive an invitation.

Dates/Hours: Monday, June 27 – Friday, July 1, 2022

9:00 a.m. to 12:00 p.m.

Cost: \$30.00 per child

Checks Payable to: **Nativity Youth Ministry** ****Spots ARE NOT secure until payment is received**** T-shirt sizes will be ORDERED June 5, 2022.

Please mail VBS forms & payment to: Nativity VBS, c/o Kristy Arguelles, 870 Howard Ave, Biloxi, MS 39530

PARENT REQUEST TO PARTICIPATE & MEDICAL RELEASE FORM

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church/school-sponsored event. This activity will take place under the guidance of Kristy Arguelles, Lauren Ellis, Michele Mitchell & VBS Staff. A brief description of the activity follows:

Name of Event: Nativity B.V.M. Cathedral Vacation Bible School

Destination: Wednesday: Our Mother of Sorrows ; Thursday: Farmer's Market Festival

Designated Supervisor of Activity: Kristy Arguelles, Lauren Ellis, Michele Mitchell & VBS Staff

Date and Time of Departure: Wednesday, June 29 @ 9:15 a.m. Thursday, June 30 @ 9:15 a.m.

Method of Transportation: Wednesday we will drive/bus Thursday is a walking field trip.

Approximate Cost: Price included in the weekly fee of \$30 per child. ***Spending money is optional for the Farmers' Market Field Trip on Thursday***

If you would like your child to participate in this event, please complete, sign, and return the following statements of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____
 In the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designate chaperons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. On behalf of myself and my child, I acknowledge that a risk of exposure to COVID-19 exists in any public place where people are present and I voluntarily assume all risks related to exposure to COVID-19. I hereby indemnify and agree to forever hold harmless the Diocese of Biloxi, as well as its employees, administrators, trustees, Bishops, priests, attorneys, agents, and affiliated persons and entities from any and all claims which in any way relate to this event and potential or actual exposure to COVID-19, including claims for negligent exposure, negligence, and all related claims.

Print Parent's Name _____ Cell Phone _____ Email _____

Parent's Signature _____ Date _____

SWORN TO and subscribed before me on this _____ day of _____, 20____.

No need to Notarize.
Not an overnight event.

My commission expires: _____

Only overnight trips require notarization.

YOUTH
 Youth Trips & Other Functions
MEDICAL RELEASE AND INFORMATION FORM
 (Medical Information for Overnight Trips/Retreats Only)

Name of participant _____ DOB _____

Medication presently on (Name and dosage for each) _____

Allergies (Foods, Medication, etc.): _____

Any other Medical conditions (asthma, diabetes, seizures etc) _____

Date of last tetanus shot _____

Parent contact: _____ Work Phone _____ Cell Phone _____ Email: _____

Contact Person (alternate) _____ Home Phone _____ Work Phone _____ Cell Phone _____

I hereby give my permission for my child to be administered medical help in case of an emergency. If you have medical insurance please indicate the following:

Insurance Company: _____ Phone: _____

Policy Name: _____ Policy Number: _____

Family Doctor: _____ Doctor's Phone Number: _____

Parents(s) Guardian(s) signature _____ Date: ____ / ____ / ____

Sworn to and subscribed before me on this _____ day of _____, 20____.

No need to Notarize.
Not an overnight event.

My commission expires: _____

Notary Public/Commissioner