



VBS REGISTRATION FORM

(One form per child)

Child's Name: _____ **Age during VBS:** _____

Grade entering in Fall 2023: _____ **Shirt Size:*** _____

*** Shirt cannot be guaranteed if registration received after June 15.**

Cost: \$20 per camper (4+ attends free)

Name of parent/guardian: _____

Phone number where parent/guardian can be reached during VBS:

Who will be picking up your child if not a parent/guardian (include phone number)? _____

⇒ **Please note, VBS is NOT included as part of summer camp (Camp 31) being held at GS - however, VBS staff will be available to walk VBS camper to Camp 31 at noon.**



MEDICAL

Allergies (including food), medical conditions, or special needs:

In case of emergency, contact: _____

Relationship to child: _____ **Phone number:** _____

⇒ **Checks payable to Good Shepherd Church or Venmo @Mykeal-Wigger**

DIOCESAN EVENT WAIVER AND RELEASE
CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/14)

Youth's Name: _____	Age: _____	Grade: _____
Parish/School/Program: <u>Good Shepherd VBS</u>		City: <u>Evansville</u>
Event: <u>VBS</u>	Date(s): <u>July 10-15, 2023</u>	

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, Good Shepherd Catholic Parish, Fr. Zach Etienne Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya.html). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____	
Signature: _____	Date: _____