

2018 VACATION BIBLE SCHOOL APPLICATION FORM

JUNE 11-15 | 9 AM TO 11 AM | HOLY CROSS ACTIVITY CENTER

Director: Charlotte Noblett 361-649-3594

| | | | |
|-----------------------------------|---------------|---|---------------------|
| Student Full Name | | Gender | Grade entering 2019 |
| Address | | City/State | Zip |
| Age | Date of Birth | Church Parish <input type="checkbox"/> HOLY CROSS <input type="checkbox"/> SAN LUIS <input type="checkbox"/> ST ANN <input type="checkbox"/> OTHER | |
| Parent Legal Guardian Name | | | |
| Address (if different than above) | | | |
| Home Phone | Cell Phone | Work Phone | |

I hereby consent to participation by my son/daughter in VBS sponsored by Holy Cross Catholic Church and the missions of San Luis and St. Ann of the Diocese of Victoria from **June 11-15, 2018**. I understand that my son|daughter will be under the supervision of diocesan and|or parish personnel. As parent or legal guardian I agree to defend indemnify and hold harmless the Diocese of Victoria and Holy Cross Catholic Church, its' clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son\daughter's participation in the above mentioned activity or during transportation to and from the event. I grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine, non-surgical medical care to be given to my son|daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located. I hereby give permission for my son|daughter to be photographed or videotaped. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs for children.

HOLY CROSS CHURCH OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY AND THE DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM | MEDICAL RELEASE

| | | |
|---------------------------|--------|-------|
| Family Physician | Phone | |
| Address | | |
| Name of Insurance Company | Phone | |
| Address of Company | | |
| Name of Insured | Policy | Group |

My son|daughter takes the following medication (name & dosage)

KNOWN ALLERGIES (Food and/or Medical):

PLEASE USE THE BACK OF FORM IF YOU NEED MORE ROOM FOR ANY SPECIFIC MEDICATIONS|DOSAGE, ALLERGIES, MEDICAL PROBLEMS OR PHYSICAL LIMITATIONS THAT WE SHOULD BE AWARE OF DURING THIS EVENT.

IMMUNIZATIONS UP-TO-DATE: YES NO NOT SURE

EMERGENCY CONTACT: If unable to reach parent|guardian, please contact:

| | | |
|------|------------|--|
| Name | Work Phone | <input type="checkbox"/> Home <input type="checkbox"/> Cell |
| Name | Work Phone | <input type="checkbox"/> Home <input type="checkbox"/> Cell |

PHOTO DISCLAIMER: *I hereby give permission for my son/daughter to be photographed or videotaped. I realize that the photo may be published in a newsletter or other publication. The video may be used for educational or informational purposes regarding the programs at the Diocese of Victoria.*

SIGNATURE OF PARENT:

DATE: