



St. Gregory the Great Catholic Church

VBS 2022 Registration Form

Marvelous Mystery of the Mass

August 7-11 5:00-8:30pm

Please return to the Education Office by June 30th!

Mail: P.O. Box 609, North Branch MN 55056

Drop Off: 38725 Forest Boulevard, North Branch MN 55056

*Fee of \$40 per child/\$100 max per family

Please have your child eat before arriving

Participant's Name: _____

Age: _____ Gender: M _____ F _____

Grade Fall of 2022:

Pre-K1 _____ Pre-K2 _____ K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

Shirt size: YXS _____ YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____

Parent/Guardian's Name(s): _____

Home Address: _____

Home Phone: _____ - _____ Cell Phone: _____

Email: _____

Medical Release: Please list any allergies. Include medications, foods, etc. specific to your child.

(attach explanation if necessary)

Does your child have any medical or special needs, including medications currently being used? No _____ Yes _____

If yes, please explain. _____

Doctor Name _____

Doctor Phone: _____

Family Health Plan and Policy Number _____

Dentist Name _____

Dentist Phone: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

****In the event of an emergency, if you are unable to reach me at the numbers given, contact:**

Name _____ Phone Number _____ Relation _____

I, _____, grant permission for _____
(Parent/Guardian Name) *(Participant's Name)*

to participate in the above activity. I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St Gregory the Great, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claims, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees. I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or on the Church website.

OFFICE USE ONLY:

Cash _____ Check _____ Check # _____ Date received _____

Money not included _____