



**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Name Phone Number Relation

**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. \_\_\_\_\_

Family Health Plan and policy number \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature Date

**OFFICE USE ONLY:**  
2 Background Evaluation Forms \_\_\_\_\_ Youth Code of Conduct Form \_\_\_\_\_

**AUTHORIZATION, CONSENT AND RELEASE FOR USE OF  
VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of \_\_\_\_\_ (full name of minor) ("My Child").

I grant the following rights to St. Gregory the Great Church and the Archdiocese of Saint Paul and Minneapolis:

- 1) The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of St. Gregory the Great Church;
- 2) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
- 3) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on St. Gregory the Great Church and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published;**
- 4) The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
- 5) The right to copyright, in the name of St. Gregory the Great Church and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
- 6) The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and
- 7) The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of St. Gregory the Great Church. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless St. Gregory the Great Church, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform St. Gregory the Great Church in writing and that my rescission will not take effect until it is received by St. Gregory the Great Church. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that St. Gregory the Great Church and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No

**I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.**

Parent/Guardian Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Pre-VBS Dinner Registration

This year, we are offering an **optional** dinner each night before VBS begins. Running time will be approximately 4:00-4:45pm. VBS youth volunteers and first through fifth graders may be dropped off, but they will need to be signed in first. VBS preschoolers and kindergartners are required to have a parent present to assist them. Parents and non VBS siblings are welcome to stay and eat with the group.

\*\*\*If your child does not want to eat what is on the menu, but still wants to join us, they are welcome to bring their own food. Please indicate that below.\*\*\*

**Pre-registration is required for all who are eating!** While we aim to keep this meal free, we will be asking participating families to donate food items and need accurate numbers. We also want to limit food waste as much as possible.

MENU				
Monday	Tuesday	Wednesday	Thursday	Friday
Pizza Fruit/Veggies	Tacos w/ fixings Fruit	Chicken Nuggets Tater Tots Fruit/Veggies	Spaghetti Bread w/ Butter Fruit/Veggies	Grilled Cheese Chips Fruit/Veggies

\_\_\_\_\_ My child needs to bring their own food      M T W Th F

Cut and turn in the bottom portion only. Keep the top as a reminder for yourself.

### Pre-VBS Dinner Registration

Family Last Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

How many from your family will be eating with us? \_\_\_\_\_

Number of Adults: \_\_\_\_\_

Number of Children: \_\_\_\_\_

We have individuals from our family who will be present but will be bringing their own food: \_\_\_\_\_ How many? \_\_\_\_\_

We have individuals from our family who have special dietary needs (please list below and we will try to accommodate)

Monday		Tuesday		Wednesday		Thursday		Friday	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

If there will be schedule irregularities, please indicate changes below.