



VBS 2024

SCUBA: Diving into Friendship with God

Preschool:

3, 4, and Pre-K 5 year olds
(must be bathroom independent)

Elementary:

Kindergarten – 5th grade
(2023-24 school year)

**The preschoolers will join the elementary group for the opening and snack, but they have a space of their own where they will be the rest of the time. Both groups will be using the SCUBA theme.

PARENTAL/GUARDIAN CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____

Date of Birth _____ Gender: M _____ F _____

Preschool Age: Age 3 _____ Age 4 _____ Age 5 _____

Current Grade: K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

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

Parent/Guardian Name(s) _____

Home Address _____

Home Phone _____ Cell Phone _____

Email: _____

Non-emergency contact: _____ Phone _____

(Non-emergency contact person listed must be available if contacted)

Place of Event: St. Gregory the Great Catholic Church

Dates of Event: August 5–9, with a short program on August 11 following 10:30am Mass

Will your family be able to attend the program on August 11? YES NO

Time: 5:00 p.m. – 8:00 p.m.

Individual in Charge: Liz Long

Cost: \$40.00 per child/\$100.00 max per family

Snacks will be provided each day. Indicate **any/all** food issues here _____

(i.e. eats gluten free, allergies, etc.)

***Optional dinner is being offered each afternoon before VBS begins.

If your child/ren are not attending, please have them eat dinner before they arrive.

I, _____, grant permission for _____,

Printed Parent or Guardian Name

Printed Child's Name

to participate in the above-named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the St. Gregory the Great Catholic Church and the Archdiocese of Saint Paul and Minneapolis from any claims or lawsuits brought against the St. Gregory the Great Catholic Church/Archdiocese of Saint Paul and Minneapolis by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

(OVER)

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

**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.