



2025 Vacation Bible School Child Registration Form

Please Select Your Session:

- Session 1: July 7 - 11, 2025 from 9:00am – Noon @ St. Boniface
- Session 2: August 11 - 15, 2025 from 9:00am – Noon @ Immaculate Conception

Ages: 3*-12 (*must be fully potty trained) **Cost:** \$40.00 per child; \$100.00 family maximum

Please make checks payable to: St. Boniface for July session, **OR** Immaculate Conception for August session.

Family Information:

Parent/Guardian Names: _____

Address: _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Children's Information:

Name: _____ Gender: _____ Age: _____ T-shirt Size: _____

Allergies or medical conditions: _____

Name: _____ Gender: _____ Age: _____ T-shirt Size: _____

Allergies or medical conditions: _____

Name: _____ Gender: _____ Age: _____ T-shirt Size: _____

Allergies or medical conditions: _____

Name: _____ Gender: _____ Age: _____ T-shirt Size: _____

Allergies or medical conditions: _____

Name: _____ Gender: _____ Age: _____ T-shirt Size: _____

Allergies or medical conditions: _____

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

I, _____ grant permission for _____ to participate in
Parent or Guardian's Name Participants Name(s)
this parish event. 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(s) ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child(ren) are in good health and I assume all responsibility for the health of my child(ren).

I agree on behalf of myself, my child(ren) named herein, or our heirs, successors, and assigns, to hold harmless and defend Cat.Chat Productions, Immaculate Conception Catholic Church, St. Boniface Catholic Church, their 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 claim, 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 and is not related to communicable disease (see communicable disease release, hold harmless and indemnification agreement below).

Communicable Disease Release, Hold Harmless & Indemnification Agreement: I agree to hold Releasees harmless, release, defend, and indemnify Releasees for any communicable disease claim arising out of the above Event that is brought against Releasees by myself, participant, my family members, heirs, assigns, executors, and personal representatives. I understand and agree this communicable disease release, hold harmless, and indemnification agreement includes claims based on the actions, omissions, or negligence of participant, myself, and others, including, but not limited to the Releasees.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Volunteers Needed - Teens and Adults!

A successful Vacation Bible School requires the support of many volunteers. Please indicate below if your family is able to help in any of the following areas:

- | | | |
|---|---|--|
| <input type="checkbox"/> Station Leader | <input type="checkbox"/> Snack Preparation / Donation | <input type="checkbox"/> Wherever Needed |
| <input type="checkbox"/> Station Helper | <input type="checkbox"/> Craft Preparation / Donation | <input type="checkbox"/> Other _____ |

Questions? Contact Laura Janas at 952-767-7309 or LJANAS@SAINTBONI.ORG