



**Our Lady Queen of Peace Church
Vacation Bible School
Children Registration Form
Monday, July 9 – Friday, July 13, 2018
At 6:00 to 8:00 pm. – Ages 5 to 8 years old.
Registration Fee is \$20.00 Per Child, Checks are payable to OLQP**

Please Print clearly and Return to OLQP no later than June 3, 2018

Child's name (One Form per Child): _____

Date of Birth: _____ **Age:** _____ **Entering Grade:** _____

Allergies or Medical Concerns: _____

Name of Friend to Pair with at VBS (if necessary): _____
[If the children are in different age groups the older child will be placed in the group with the younger child.]

Parent/Guardian Name(s): _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **Secondary Phone #:** _____ **Email:** _____

WAIVER OF LIABILITY, EMERGENCY INFORMATION, AND MEDICAL AUTHORIZATION

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to participate in **Our Lady Queen of Peace, Vacation Bible School on Monday, July 9, 2018 through Friday, July 13, 2018 from 6:00 p.m. to 8:00 p.m.** This event is being sponsored Our Lady Queen of Peace, to be held at the Parish Center, located at 400 Maywood Avenue, Maywood, NJ. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). My child will be dropped off at Our Lady Queen of Peace Parish Center Youth Room at 6:00 p.m. and will be picked up at 8:00 p.m.

For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent) _____ my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Newark, Our Lady Queen of Peace Parish ("OLQP"), Our Lady Queen of Peace Youth Ministry ("OLQP YM"), its officers, directors, and agents, and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones, or representatives associated with this event with respect to any and all actions, claims or demands that may be made or brought against OLQP, OLQP YM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the event, arising from or in connection therewith, and I agree to compensate OLQP, OLQP YM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and its officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I hereby give permission for images of my child, captured during the above named event, through video, photo and digital camera, to be used solely for the purposes of promotional material and publications within the Archdiocese of Newark and waive any rights of compensation or ownership thereto.

Medical matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(If Applicable) Specific Medical Information: OLQP and OLQP YM, will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.) _____

Medications child currently takes: _____

Any physical limitations? _____

Emergency Medical Treatment: In the event of any emergency, I hereby give permission to Our Lady Queen of Peace, Our Lady Queen of Peace Youth Ministry Chaperones, its officers, directors, and agents, and the Archdiocese of Newark and all parishes with the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives, associated with the event to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact Name: _____ **Relationship to Participant:** _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Health Plan Carrier: _____ **Policy No.:** _____

Parents/Guardians:

(Please Print) _____ *(Signature)* _____ **Date:**

(Please Print) _____ *(Signature)* _____ **Date:**