



St. Anastasia Catholic Church

Vacation Bible School 2021

Dates: June 21-25

Time: 9:00 a.m. – 12:00 noon

Participant Registration

For all children entering **Pre-Kindergarten through the sixth grade in August 2021. REGISTRATION IS LIMITED AND MASKS ARE REQUIRED**

Name Birth date Grade - August 2021

Name Birth date Grade - August 2021

Name Birth date Grade - August 2021

Name Birth date Grade – August 2021

Parent/Guardian Name

Email Address (Primary method of communication)

Contact Telephone

Address

City State Zip

VBS Reg. Fee \$35.00 per child – max. \$75.00 per family
Fee includes: t-shirt, supplies, cookout, crafts, snacks, etc. Please indicate participant name & t-shirt size.

Name: _____ YS YM YL AS AM

Name: _____ YS YM YL AS AM

Name: _____ YS YM YL AS AM

Name: _____ YS YM YL AS AM

‘Rocky Railway’ Music CD free for each family

I _____ give my child/children permission to participate in St. Anastasia’s ‘Totally Catholic Rocky Railway’ VBS program. I also give permission for pictures to be taken and posted in the church bulletin and/or on the parish website. Names will NOT be listed.

Parent Signature: _____

Today’s Date: _____

Youth & Adult Volunteer Registration Requirements

- Volunteers cannot be accepted on-site
- Return completed form to St. Anastasia Parish Office
- Youth volunteers must be entering grades 7 or above in August 2021
- Limited number of volunteer openings for youth in grades 7 & 8
- **All adult volunteers (18 years of age and older) must be current on their Protecting God’s Children training**
- Free childcare provided for children of adult volunteers (4 and under)
- **ALL VOLUNTEER mandatory meeting Wednesday, June 2 beginning at 6:30 p.m. in the St. Jude Celebration Hall.**
- **Please indicate preference – Choices listed below**

Adult Volunteer Name Preference

Youth Volunteer Name Grade – Aug. 2021 Preference

Youth Volunteer Name Grade – Aug. 2021 Preference

Email Address (primary method of communication)

Contact Telephone

Address

**PREFERENCE:

Crew Leader - PreK4, K/1st, 2nd, 3rd, 4th, 5th/6th OR Games, snacks, music, crafts.

Complimentary volunteer t-shirt – Please indicate volunteer name and size

Name: _____ YM YL AS AM AL AXL

Name: _____ YM YL AS AM AL AXL

Name: _____ YM YL AS AM AL AXL

PreKindergarten registration for children of adult volunteers:

Child’s Name: _____ Age: _____

Child’s Name: _____ Age: _____

Please complete and sign the back page
And the attached COVID release form



For Office Use Only:

Number of participants: _____ Registration Fee Due: _____
Amount Paid: _____ Date: _____ Check #: _____ Cash Paid: _____

Diocese of St. Augustine
Parent Permission and Release of Liability

Name of Child/Children: 1. _____ 2. _____
3. _____ 4. _____

Name of Parent or Legal Guardian: _____

Name of Parish: **St. Anastasia Catholic Church**

Name of Program: **Vacation Bible School 2021**

Dates: **June 21-25, 2021**

The above child/children is/are eligible to participate in above parish-sponsored program. This program will take place under the guidance and supervision of employees/volunteers from the above parish.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

Please list any known allergies for **each** participant:

1. _____ 2. _____

3. _____ 4. _____

Physician's Name: _____ Telephone Number: _____

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

Parent / Guardian Signature: _____ Date: _____

Child Photography (Picture) Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine and St. Anastasia Parish to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the St. Anastasia Parish, its staff and volunteers, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Parent / Guardian Name: _____

Contact Phone _____ Email: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____