

VACATION BIBLE SCHOOL

REGISTRATION

JULY 11th thru 15th

8:30 am to 12:30 pm

FOR GRADES COMPLETED K THRU 6TH

Parent (s) First and Last Name : _____

Contact Phone Number: _____

Emergency Contact Name & Number – Other than parent listed above:

Child's Information	Child 1	Child 2	Child 3
Last Name			
"Goes By Name"			
Male/Female			
Birthday (MM/DD/YY)			
Grade			
Any allergies, illnesses, or special needs?			

Fee: \$25 per child/\$50 maximum per family

T-Shirts - Pre-paid registration must be received by June 24th in order for student to receive a t-shirt.

Youth T-Shirt size: _____

Parent Signature: _____

Attached COVID, and Medical forms must be signed.

**ARCHDIOCESE OF MOBILE
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER**

Student(s) name(s): _____

Parent/Guardian's name: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. Blessed Francis Xavier Seelos

Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its parish/school. However, even though such standards will be followed and reasonable measures put into place, Blessed Francis Xavier Seelos Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Blessed Francis Xavier Seelos Parish/School could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by attending and participating in related activities at Blessed Francis Xavier Seelos

School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Blessed Francis Xavier Seelos Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Blessed Francis Xavier Seelos Parish/School employees, volunteers, and program participants and their families.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, and hold harmless Blessed Francis Xavier Seelos Parish/School and the Archdiocese of Mobile, their members, directors, officers, employees, agents and representatives ("Releasees") associated with the event arising from or in connection with any Health Emergency Claim under Alabama law or the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: _____ Date: _____