

REGISTRATION FORM

St. Gabriel's VBS 2021

K thru 5th grade (school year 2021-2022)

June 14-June 18 8:30-11:30

\$30.00 per child

Maximum of \$120.00 per household

Volunteers receive a 10% discount



****Signed forms and payment must be received by June 1, 2021****

Parent Names: _____

Street Address: _____

Home Phone: _____ Cell phone: _____

Email Address: _____

Home Parish: _____

Child's Name	Gender/ Age	Grade by Fall 2021	Food Allergies/Medical	T-shirt Size
				YS YM YL AS AM
				YS YM YL AS AM
				YS YM YL AS AM
				YS YM YL AS AM

OVER →

Emergency Contact: _____

Phone Number(s): _____

Relationship to Child: _____

For office use only:

Payment: _____ Check# _____

Date/Amount Rec'd: _____

VBS Volunteer Registration

June 14th – 18th 8:15 – 11:45



Name: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Please mark the T-shirt size you need. If you do not want to wear the official VBS t-shirt please wear a dark brown T-shirt each day.

(Volunteer t-shirts are provided for you by St. Gabriel's)

Circle One: AS AM AL AXL A2XL A3XL
Adult Sizes

Adults: Training and Background Check Information

_____ I have completed my background check and training at _____ Parish.

I will provide written verification from the parish by June 1, 2021.

_____ I have not completed my background check. I will complete the paperwork and schedule training through Cindy Martinez at 528-8407. **This must be done before June 1st, 2021.**

Volunteer Interests: Please state your top 3 interests *IN ORDER*

___ Opening/Closing Skit/Performance

___ Games

___ Elementary Adult Lead

___ Snacks

___ Imagination Station

___ Elementary Crew Aide

___ Bible Adventure

___ Set-up/Decoration

___ Friday Tear Down/Clean-up

___ Anywhere I am needed

If under 18 – Age: _____

Volunteer assignments will be on a 1st come and availability basis

I am available:

___ All Week or M___ T___ W___ TH___ F___

OVER →

****Adult volunteers will receive a 10% discount off their child's tuition for VBS.****

(Discount does not apply for siblings of volunteers.)

Emergency Contact: _____

Phone number(s): _____

For office use only:

Safe Training Complete _____

St. Gabriel the Archangel Catholic Church
8755 Scarborough Drive Colorado Springs, CO 80920
Phone (719) 528-8407

Vacation Bible School 2021
Activity Release

For those 18 years of age or older, all parents, and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, or guardian of my children:

waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

Date Signature

Date Signature

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, ec.) _____

For all those over 14 and under 18 years of age:

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

Date Signature

Date Signature

Media Release

I, the undersigned, do _____, do not _____ consent that the photographs, artwork, writing or videos in which my children, as shown on the top of this form, appear may be used by St. Gabriel's the Archangel Catholic Church and the Diocese of Colorado Springs in whatever way they desire, including television, website, CD-ROM, and any other form for the storage, retrieval and reproduction of information/images. Furthermore, I hereby consent that such information, photographs, videos, tapes, disks, etc. from which they are made shall be the property of St. Gabriel the Archangel Catholic Church and the Diocese of Colorado Springs. They shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, disks, recordings, etc., as they may desire, free and clear of any claim whatsoever on my part.

Parent Printed Name

Parent Signature

Date