

**SAINT JOSEPH'S CATHOLIC CHURCH**  
**24<sup>th</sup> ANNUAL VACATION BIBLE SCHOOL**  
**JULY 7-11, 2014**



- WHERE:** Saint Joseph's Catholic Church
- WHEN:** July 7<sup>th</sup> - 11<sup>th</sup> from 8:30 a.m. to 11:30 a.m. daily
- FOR WHOM:** 4-5 year olds; the child must be four years old on or before July 7, 2014.  
Grades K-4; please register according to 2013-2014 school year status.
- HELPERS:** Fifth Graders (2013-2014 school year status) are welcome to volunteer as aides.
- FEE:** V.B.S. students - \$10.00 per child, to help cover the cost of craft materials and T-shirts.  
Helpers - \$8.00 for T-shirt.  
Make check payable to: Saint Joseph's Catholic Church

**REGISTRATION DEADLINE: June 8, 2014. Absolutely no late registrations accepted.**

Complete the form below and if you did not attend C.C.D. the attached medical-release and mail forms and payment to:

Saint Joseph's Catholic Church  
P. O. Box 399  
Moulton, TX 77975

✂ \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle grade completed: 4/5 year old K 1 2 3 4

T-shirt size: Youth: S (6-8) \_\_\_\_\_ Adult: S \_\_\_\_\_  
M (10-12) \_\_\_\_\_ M \_\_\_\_\_  
L (14-16) \_\_\_\_\_ L \_\_\_\_\_  
XL \_\_\_\_\_

Helpers Name: \_\_\_\_\_ Age: \_\_\_\_\_

**OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY  
DIOCESE OF VICTORIA IN TEXAS  
St. Joseph Church, Moulton, Texas  
PERMISSION FORM/MEDICAL RELEASE**

NAME \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 St/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Parish \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME \_\_\_\_\_  
 Address (if different than above) \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Wk(\_\_\_\_) \_\_\_\_\_

I request and give my consent for participation by my son/daughter, \_\_\_\_\_ to participate in all church sponsored activities from **June 1, 2014 through May 31, 2015** sponsored by St. Joseph Church, Moulton, Texas or the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

\_\_\_\_ (**Please initial for consent**) **Photo Disclaimer:** I hereby give permission for my child to be photographed. I realize that the photo may be published in the newspaper, magazine, or other publication.

\_\_\_\_\_  
 Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

My son/daughter is allergic to: \_\_\_\_\_

My son/daughter takes the following medication (name, dosage): \_\_\_\_\_

This medication is for: \_\_\_\_\_ Medication that my son/daughter is allergic to: \_\_\_\_\_

Any specific medical problems: \_\_\_\_\_ Any physical limitations: \_\_\_\_\_

**In an emergency, if unable to reach parent/guardian, please contact:**

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy # \_\_\_\_\_

Group or Plan # \_\_\_\_\_

