



Augustinian Academy Vacation Bible School 2021

August 23-27th 5:00-8:30pm

ALL Denominations Welcome

For children entering K-6

I give permission for my child, _____ Grade:(entering in the fall)_____ to participate in the following school sponsored and supervised activity: Treasure: Vacation Bible School at Augustinian Academy on Augusts 23-27, 5:30-8:00pm

STUDENT REGISTRATION FORM

Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Doctor _____ Phone _____

Allergies or Special Needs _____

DISMISSAL

Who may pick up your child at the end of each VBS day?

Name _____ Relationship _____

Name _____ Relationship _____

MEDICAL

Allergies/Health Concerns:

Current Medication:

Medication Required During Event? Yes _____ No _____

Explain: _____

A school medication order signed by a NYS licensed provider and parent permission is required to be on file with the school for all medications to be administered during this event.

Insurance Information: _____

Has No Insurance: _____

Family Physician: _____ Phone: _____

PHOTO RELEASE

From time to time photographs and/or videos of students are taken of school events and are published in media. In order for us to use a picture of you or your child, we need permission.

(Please initial one space below)

___ I give my permission to Augustinian Academy to publish photographs and/or videos of my family.

___ I do not give my permission to Augustinian Academy to publish photographs and/or videos of my family.

RELEASE

No amount of instructions, precaution or supervision will totally eliminate all risk of injury. I understand that there is a risk of injury. Students and parents must assess risks involved with participation and each makes their choice to participate despite the risks. In case of emergency, officials of Augustinian Academy are authorized to arrange for medical/dental treatment for the above named student. This includes transportation to Emergency Room, first aid/medical treatment and other action deemed necessary. I understand the school cannot assume responsibility for payment of medical expenses. The student and parent agree to forever discharge and release the school, it's agents, servants, and employees or any and all actions, claims, and demands whatsoever, the student may have on account of any personal injury while attending or participating in any activities sponsored by the school or alliance.

Parent/Guardian Signature _____ Date _____