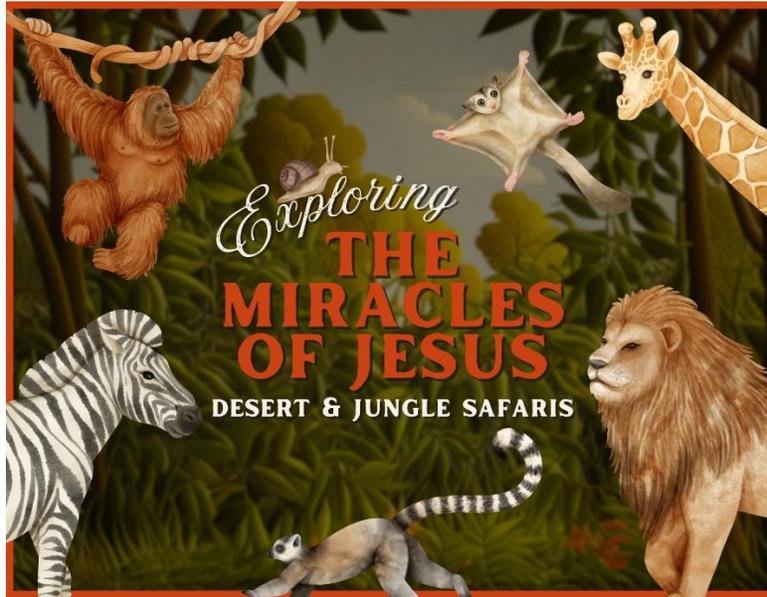


St. Matthias Episcopal Church
Vacation Bible School Registration
July 14, 2025 – July 18, 2025



REGISTRATION INFORMATION

Child's Name: _____

Gender: Male ___ Female ___ Birthdate: ___ / ___ / ___ Grade Completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Emergency Contact: _____

Relationship to Child: _____ Phone: _____

Who can pick up your child? _____

Name of Home Church: _____

FREE T-Shirt Size: Y Small _____ Y Medium _____ Y Large _____ Y X-Large _____

PHOTO USE RELEASE FORM

I, _____ hereby grant and authorize St. Matthias Episcopal Church the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of my child by St. Matthias Episcopal Church to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media formats and markets now known or hereafter devised. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of St. Matthias Episcopal Church.

I hereby hold harmless, and release St. Matthias Episcopal Church from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Date: _____

Minor's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

MEDICAL RELEASE FORM

Event/Activity: St. Matthias Episcopal Church Vacation Bible School

Date of Event: July 14, July 15, July 16, July 17, July 18

Name: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Male ___ Female ___ Grade: _____ Date of Birth: _____

Insurance Company: _____ Policy Number: _____

Family Physician: _____ Office Phone: _____

Name of Person to Contact in Case of an Emergency (other than Parent/Guardian):

Home Phone: _____ Cell Phone: _____

Allergies (including medications):

Please list any medications to be taken by child (including dosage and times):

Special instructions or information (use back of page if additional space is needed):

In case of an emergency, you are authorized to take such measures and arrange for such medical and hospital treatment, as you may deem advisable for the health and well-being of my child. I release St. Matthias Episcopal Church, the staff, and volunteers from claim of liability due to sickness or injury.

I attest to the fact that the above-named child is covered by an insurance policy covering illness and injury. I accept all financial responsibility concerning any medical emergency. I also accept the responsibility to have my child picked up immediately in the event of illness, accidents or for disciplinary reasons.

I also understand that this is not a permission slip allowing the above-named to participate in this activity but that this is a MEDICAL RELEASE FORM.

Signature of Parent/Guardian: _____ Date: _____

Print your name and relationship to entrant: _____

Release of All Claims

In consideration for my child being allowed to participate in activities sponsored by St. Matthias Episcopal Church, I hereby release, discharge, indemnify, and agree to hold harmless St. Matthias Episcopal Church, its directors, officers, and employees, agents, and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury, or illnesses that may be suffered by: _____ (name).

I further agree to indemnify and hold harmless St. Matthias Episcopal Church, its directors, officers, and employees, agents, and all volunteer personnel for any claim and/or damages it or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs.

Signature: _____ Date: _____

Signature: _____ Date: _____

(both parents or legal guardians)