

**ST. CHRISTOPHER'S EPISCOPAL CHURCH**  
**VACATION BIBLE SCHOOL**  
 June 11<sup>th</sup> to 14<sup>th</sup>, 9 AM – NOON  
 (Ages: Rising Kindergartners to 5<sup>th</sup> Graders)



**Registration, Authorization, Consent for Medical Treatment, and Release of Liability**

I hereby give permission for my child/Children to attend and participate in Vacation Bible School sponsored by St. Christopher's Episcopal Church, Killeen, Texas.

I confirm that my child is healthy and capable of participating in this event. I also confirm that my child is covered by medical insurance, or, if medical insurance is not available, I agree that I will be personally responsible for the costs of any medical treatment deemed necessary.

I hereby release, relieve, indemnify, and hold harmless St. Christopher's Episcopal Church, the Episcopal Diocese of Texas and its bishops, clergy, event coordinators, youth leaders, employees, representatives, and agents from any and all liability for any injury, illness, or property damage associated with my child's participation in this activity or travel associated with this event.

In the event that my child should require medical treatment and I cannot be contacted immediately, or if contacting me is not feasible because of an emergency, I hereby give my consent to such treatment.

I understand that photos or videos of my child and others may be taken during the event, and I consent to the use of my child's photo or likeness by St. Christopher's Episcopal Church and / or the Diocese of Texas in promotional materials.

I acknowledge and confirm that the information listed on my child's application is true and accurate.

Signature of Parent or Guardian \_\_\_\_\_ Printed Name: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

\_\_\_\_\_

Best contact phone number \_\_\_\_\_

Alternate phone number \_\_\_\_\_

Email \_\_\_\_\_



Name of child/children	GRADE in the Fall of 2018	Known Allergies
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please attach the Registration Fee of \$10 per child (maximum of \$20 per family) – checks payable to "St. Christopher's" And return to St. Christopher's Episcopal Church, 2800 Trimmier Rd., Killeen, TX 76542.