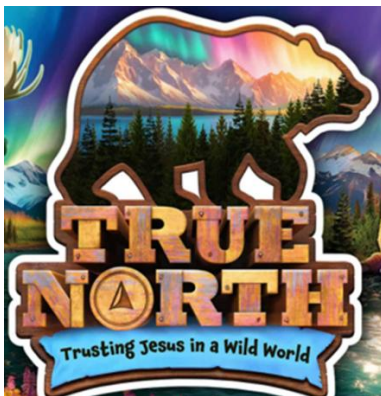


Vacation Bible School TEEN VOLUNTEER Registration and Waiver Release Form



Date: June 22-25 (Monday-Thursday), 2026

Time: 8:30am – 12:30pm

Location: St Michael Church, 100 St Michael Place, Vicksburg, MS

Child's Name (Last, First)	Birthdate	Grade for '26-'27

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent email address(es) \_\_\_\_\_

TEEN email address(es) \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of St. Michael Catholic Church and St. Paul Catholic Church allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless St. Michael Catholic Church and St. Paul Catholic Church, its directors, employees, volunteers, and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless the Church, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

**PHOTO/VIDEO PERMISSION:** I DO / DO NOT (circle one) give my consent to St. Michael and St. Paul Vacation Bible School to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless both churches from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)’s tenure at Vacation Bible School. \*\*None of the photos will be for personal use.\*\*

I hereby give permission for my child(ren) to participate in Vacation Bible School at St Michael Church, 100 St Michael Place on June 22, 23, 24 and 25, 2026

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

TEEN Signature \_\_\_\_\_ Date \_\_\_\_\_

*All information will remain confidential to Vacation Bible School staff.*

Child's Name \_\_\_\_\_ Medical Insurance YES \_\_\_ NO \_\_\_  
Insurance Company \_\_\_\_\_ Policy/GroupID# \_\_\_\_\_  
Allergies, Medications, and/or Medical Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Activity restrictions \_\_\_\_\_  
Parent/Guardian phone number(s) \_\_\_\_\_  
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
People authorized to pick up my child \_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_ Medical Insurance YES \_\_\_ NO \_\_\_  
Insurance Company \_\_\_\_\_ Policy/GroupID# \_\_\_\_\_  
Allergies, Medications, and/or Medical Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Activity restrictions \_\_\_\_\_  
Parent/Guardian phone number(s) \_\_\_\_\_  
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
People authorized to pick up my child \_\_\_\_\_  
\_\_\_\_\_

**Please return all completed Registration/Permission/Waiver forms to:  
Mimi.mitchell@vicksburgcatholic.org by June 17, 2026.**