



MOTHER OF SORROWS CHURCH  
INVITES YOU TO VACATION BIBLE SCHOOL  
JUNE 18-22, 2018, 1:00-4:00PM

CHILDREN 4 YR OLD PRESCHOOL TO 4<sup>TH</sup> GRADE  
FOR 2017-2018 WELCOME!

SHIPWRECKED WILL BE HOSTED AT  
MOTHER OF SORROWS CHURCH,  
4202 OLD WILLIAM PENN HIGHWAY,  
MURRYSVILLE, PA 15668

REGISTRATION/PERMISSION FORMS ARE AVAILABLE  
IN THE WELCOME CENTER OF THE CHURCH, IN THE PARISH OFFICE,  
OR ONLINE AT [WWW.MOTHEROFSORROWSCHURCH.ORG](http://WWW.MOTHEROFSORROWSCHURCH.ORG)

FEEES ACCEPTED BY CASH OR CHECK (PAYABLE TO MOTHER OF SORROWS)  
\$25.00 PER CHILD BY FRIDAY JUNE 8  
\$30.00 PER CHILD SATURDAY JUNE 9 AND AFTER

FOR MORE INFORMATION OR QUESTIONS, CONTACT  
ERIN COLCOMBE, DIRECTOR OF FAITH FORMATION  
724-733-8870 OR [ECOLCOMBE@DIOCESEOFGREENSBURG.ORG](mailto:ECOLCOMBE@DIOCESEOFGREENSBURG.ORG)

JESUS RESCUES!

# SHIPWRECKED: RESCUED BY JESUS

## VACATION BIBLE SCHOOL REGISTRATION FORM

Child's Name: \_\_\_\_\_ Grade (as of Fall 2018): \_\_\_\_\_

T-Shirt Size: S M L XL

Child's Name: \_\_\_\_\_ Grade (as of Fall 2018): \_\_\_\_\_

T-Shirt Size: S M L XL

Child's Name: \_\_\_\_\_ Grade (as of Fall 2018): \_\_\_\_\_

T-Shirt Size: S M L XL

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Number where best to reach you)

E-mail: \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Are you interested in volunteering to help us? Yes or No

We give our permission for the child(ren) registered above to participate in  
**SHIPWRECKED: RESCUED BY JESUS VACATION BIBLE SCHOOL.**

We do hereby release and forever discharge the Diocese of Greensburg, Pennsylvania; Mother of Sorrows Church, Murrysville and designated employees and volunteers from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

We hereby grant to the Diocese of Greensburg, Pennsylvania; Mother of Sorrows Church, Murrysville and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following: 1. To include such photographs on the Diocese of Greensburg website, on print material, and parish advertisements. 2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg, Pennsylvania; Mother of Sorrows Church, Murrysville and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

I hereby certify that I am the parent and/or guardian of \_\_\_\_\_, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

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