Child Registration Form

JUNE 19-22, 9:30AM-NOON IN THE GYM

COST: $25 PER CHILD & INCLUDES A T-SHIRT
IF REGISTERD BY JUNE 5
AGES: 4-12 YRS OLD

Child's Information:

Name: _____

Gender: M F Age in fall 2023: _____ Grade completed: _____

T-shirt size: (circle one) child sizes : XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Health Insurance Name and #: _____

Family Information:

Parent/Guardian Name: _____

Address: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Emergency Contact:

Name: _____ Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.
Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature _____ Date _____

Return completed form by: June 5, to receive a t-shirt.