

Participant Registration Form



Cost: 75\$ per child before June 20th and 100\$ per child after. Scholarships are available.

Child's Name	Birth Date	Age	Gender	Grade in 2022-2023	T-Shirt Size
					Child XS S M L Adult S M
					Child XS S M L Adult S M
					Child XS S M L Adult S M
					Child XS S M L Adult S M

Allergies or medical conditions: Yes No (Please provide details on the back of this form)

Health Insurance # (if applicable): _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Home: _____ Wk: _____ Cell: _____

Email: _____

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, Parish and/or Organization 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

Additional Information:

(Please use this space to share any additional information we may need to ensure your child has a safe and enjoyable experience at VBS.)

FOR OFFICE USE:

Payment Received Date: _____ Amount: _____ # of Children: _____

Check (Check # _____) CC Cash Registration Processed

Crew Assignments Welcome E-mail Sent Allergies &/or Special Medical Needs

