



REGISTRATION FORM

July 10-13 from 6 pm to 8 pm

Child Information:

Child's Name: _____

Sex (circle one): M F Age: _____ Grade Completed: _____

Allergies or medical conditions: _____

Health Insurance Company and Policy #: _____

Family Information:

Parent/Guardian Name(s): _____

Child's Address: _____

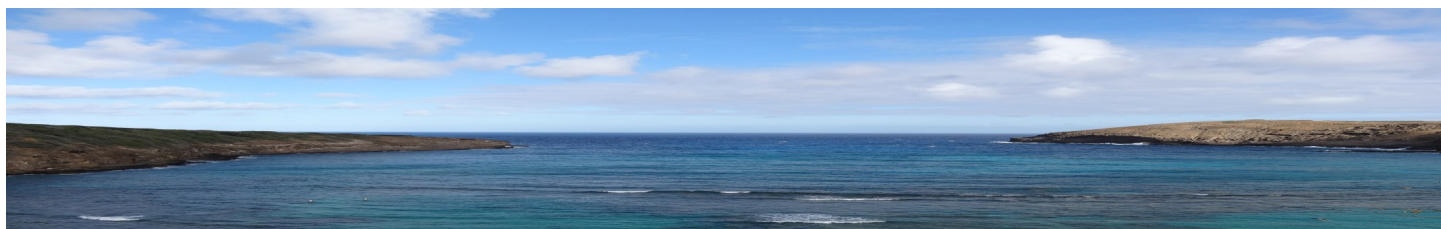
Contact Phone Number: _____

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 St. Patrick Parish VBS program. Any other use will require your further consent.



Please return form by:

JUNE 18, 2023

Parent/Guardian Signature