



## St. Michael the Archangel Parish

### Vacation Bible School

#### Participant Registration Form

Due July 8

*(If past due date, please call parish office)*

July 22 - 26...9:00 - 11:30 a.m. (drop off at 8:45)...Drop-off & Pick-up In Auditorium

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#### **Child(ren) Information:**

1. Name: \_\_\_\_\_

Sex: (circle one) M F      Age: \_\_\_\_\_      Grade (2019/2020) : \_\_\_\_\_

Allergies/medical conditions/special needs: \_\_\_\_\_

2. Name: \_\_\_\_\_

Sex: (circle one) M F      Age: \_\_\_\_\_      Grade (2019/2020) : \_\_\_\_\_

Allergies/medical conditions/special needs: \_\_\_\_\_

3. Name: \_\_\_\_\_

Sex: (circle one) M F      Age: \_\_\_\_\_      Grade (2019/2020) : \_\_\_\_\_

Allergies/medical conditions/special needs: \_\_\_\_\_

**Family Information:**

Parents/Guardians' Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: *Hm:* \_\_\_\_\_      *Wk:* \_\_\_\_\_      *Cell:* \_\_\_\_\_

Email: \_\_\_\_\_

**Volunteers:** (We need more adult help. Childcare is available for those who volunteer)

Group Leader     Welcome/Sign-in Table     Walk-in Registration Table     Other

Name of Volunteer \_\_\_\_\_

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.

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

\_\_\_\_\_  
Date

