



**St. Michael the Archangel Parish
Vacation Bible School**

July 16 - 20...9:00 - 11:30 a.m. (drop-off at 8:45)...Gathering & Pickup in Auditorium

VBS Participant Registration Form – 4 year olds to 5th Grade

Child's Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade entering 2018/2019: _____

Allergies or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone Numbers:

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

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



Return completed form by June 25 to the Parish Office.