Participant Registration Form

Child's Information

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Allergies or medical conditions: _____

Family Information:

Parent(s) Name(s): _____

Address: _____

Phone: _____ **Phone:** _____

Phone: _____ **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 event, that someone cannot be reached at any of the above phone numbers, 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 child. I herby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child(ren) named above shall or may have for any reason, arising during my child(ren)'s attendace of the VBS.

Unless otherise 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: _____