

ALL SAINTS VACATION BIBLE SCHOOL 2011 Participant Registration Form

July 11 - 15, 2011 9:00am - 12:00pm
All Saints Parish Gymnasium



Please fill out a separate form for each child.

Child's Information

Name: _____

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

Allergies or medical conditions: _____

Health Insurance # (if applicable) _____

Family Information:

Parents/Guardian Name(s): _____

Address: _____

Phone Numbers:

Home: _____ Wk: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

Each child will need to bring with him/her:

Pre-washed white T-shirt in his/her size

Large brown paper bag (*Dillons will usually give you one if you explain why you need it*)

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 that 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 the Wichita Diocese and All Saints Parish from all manners of actions, claims which 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.

(Signature of Parent/Guardian)

Return completed form by July 5, 2011.