



Blessed Sacrament VBS 2017

Registration Form

Mother's Name _____ Father's Name _____

Address _____

Home Phone _____ E-mail _____

Mother's Cell Phone/Work _____ Father's Cell Phone/Work _____

Emergency Contact (other than parent)

Name _____ Phone Number _____

In order to make sure that your child gets home safely to you. Please let us know who is picking up your child at the end of VBS. Please make sure that they bring a picture id with them. Thank you.

Name _____ Phone Number _____

Children to be enrolled

Name	Age	Grade Completed

Health Concerns - Food Allergies

Name _____ Concern _____

Name _____ Concern _____

Name _____ Concern _____

Registration Cost Per Family

_____ \$25 for one child _____ \$40 for two children _____ \$50 for three or more children

Liability Release: 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 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 the Diocese, and Parish from all manners of actions, claims which I or the child/children 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 of for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent signature _____

Date _____

There will be water games played daily, so please make sure that your child brings a towel and a change of clothes or bathing suit.