



# St. Mary Catholic Church Vacation Bible School

## Registration Form

Forms may be dropped in the basket, at the Church office, or brought to VBS.

**Date:** June 18-21  
**Time:** 1:00p.m.-5:00p.m.  
**Location:** St. Mary Parish Hall  
**Ages:** Children entering grades Kindergarten - 6th

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Name: \_\_\_\_\_

Sex (Circle One) Male / Female      Age: \_\_\_\_\_      Grade Completed: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Family Information:

Parents/Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Emergency Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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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 the 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. Any other use will require your further consent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_