



VBS Registration

July 17th—July 21st | 9:15 to 11:30 am

PLEASE COMPLETE ONE FORM PER CHILD

Cost for one child is \$15 each additional child is \$10

Child Last Name _____ Child First Name _____

Age _____ Date of Birth: Month _____ Day _____ Year _____

Child's Grade (Fall 2017) _____ Male _____ Female _____

Child's Address _____ City _____

State _____ Zip _____

Parent's/Guardian Name _____

Parent's/Guardian Phone () _____ Cell Phone () _____

Persons to be contacted in case of emergency:

1. Name _____ Phone _____

Relationship to Child _____

2. Name _____ Phone _____

Relationship to Child _____

Does your child have any medical condition(s) that we should be aware of?

(allergies, medications, etc.) If so, please explain

Siblings who will also be attending VBS _____

I would like to volunteer to help (name) _____

phone _____

The undersigned gives permission to his or her child to participate in the above named activity and releases Saint Louis Besancon Catholic Church, its officers, employees, and volunteers from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify Saint Louis Besancon Catholic Church, its officers, employees, and volunteers from any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signed: _____ Print Name: _____

Date: _____

Insurance Company: _____ Policy
No. _____

I hereby consent to the use of photographs, movies, or video tapes and the right to edit, use and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of the Child named above by Saint Louis Besancon Catholic Church. I also hereby release the Saint Louis Besancon Catholic Church and its volunteers and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: _____ Date: _____

RETURN THIS FORM AND REGISTRATION FEE TO THE PARISH OFFICE BY JULY 3

registrations WILL NOT be accepted at the door