



VBS Registration Form

St. Matthew Catholic Church
June 24-28, 2019 9:15-11:45 AM



CIRCLE ONE:

VOLUNTEER

PARTICIPANT

Information:

Name: _____

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

T-shirt size: (circle one) child sizes : XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Health Insurance # (if applicable): _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone:

Home _____ Work _____

Cell _____

Emergency Contact: _____

Phone _____

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 this 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.

Signature

Date

