

VACATION BIBLE SCHOOL 2019



Participant Registration Form

St Thomas School Cafeteria

JUNE 3-7, 6-8pm

AGES 4 – Rising 3rd Grade

\$25 per Child



Child's Information:

Name & Birthdate: _____

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

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

Name & Birthdate: _____

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

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

Name & Birthdate: _____

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

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

Allergies or medical conditions: _____

Child(ren) Photo Release: _____ (initial for approval)

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone #: _____

Email: _____

Emergency Contact (If Different than Parents)

Name: _____

Phone: _____

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 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.

Parent / Guardian Signature _____ Date _____

Return completed form by **FRIDAY MAY 24** to the school office (Attn: Lisa McClinton) or mail to Lisa at 14 Casagrande St., Fort Thomas, KY 41075. Email or call with questions: 513-703-4433 or lisalisa232@hotmail.com. Please make checks payable to: **St. Thomas Mothers Club.**