



VBS Registration

PLEASE COMPLETE ONE FORM PER CHILD

Ages 3 through Grade 5

JUNE 11th - JUNE 15th

5:45 - 8:00 p.m.

All children must be fully potty trained to attend VBS.

PLEASE PRINT

Child First Name _____ Child Last 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 Immaculate Conception Catholic Church, Auburn, 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 Immaculate Conception Catholic Church, Auburn, 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 Immaculate Conception Catholic Church, Auburn. I also hereby release the Immaculate Conception Catholic Church, Auburn 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 TO THE PARISH OFFICE