# VBS Participant Registration

Dates / Location: June 18th-21st 9:30 AM to 12 Noon at IHM Hall
Email form to Teresa at erbustos@pacbell.net or return to IHM office
$20 donation per child, turn in to IHM office

**Child's Information (May use one form for siblings):**

Name: _____

Sex*: (circle one)* M F Age: _____ Grade completing: _____

Allergies or medical conditions: _____

**Family Information:**

Parents/Guardians' Name(s): _____

Address: _____

**Phone Numbers:**

Hm: _____ Wk: _____ Cell: _____

Email: _____

**Emergency Contact:**

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, Parish and/or Organization 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 Thursday, June 7th