

ST. PATRICK CITYWIDE VBS JUNE 11-15, 9am-12pm

Youth Participant Registration

4 YEARS THRU 6TH GR-FALL '18 \$40 PER CHILD



_____, _____
CHILD'S LAST NAME CHILD'S FIRST NAME

CHECK #: _____ CASH: _____
GROUP: _____
This area completed by VBS staff.

CHILD INFO for ATTENDING VBS or NURSERY: TODAY'S DATE: _____

Name: _____

Sex: (circle one) M F Age: _____ Grade Fall '18: _____ Birth Date: _____

Allergies to food/medicine: _____

Medical/special needs, current medications: _____

Health Insurance # (if applicable): _____

Doctor's Name/Phone: _____

Attending: (circle) M T W Th F ALL Sibling Names @ VBS: _____

FAMILY INFORMATION:

Parents/Guardians' Name(s): _____

Address: _____

CONTACT INFORMATION:

Home: _____ Email: _____

Mom Cell: _____ Dad Cell: _____

EMERGENCY CONTACT (if parent/guardian not available):

Name: _____ Phone: _____

CHILD TO BE PICKED UP BY: (if other than above names)

Name: _____ Phone: _____

MEDICAL RELEASE: 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 the Diocese of Davenport, St. Patrick Church-Iowa City 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.

PHOTO/VIDEO RELEASE: 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 my further notification and consent.

Parent / Guardian Signature Date

RETURN FORM WITH \$40/CHILD AS SOON AS POSSIBLE TO:
St. Patrick Church, ATTN: VBS-Cheryl, 4330 St. Patrick Dr, Iowa City, IA 52240 (Ph.319.337.2856)

