

Blessed Sacrament VBS 2022 Registration Form

Mother's Name	Fo	ather's Name	
Address			
Home Phone	E-ma	il	
Mother's Cell Phone/Work	F	ather's Cell Phone/Wor	·k
Emergency Contact (other	than parent)		
Name	Pho	ne Number	
In order to make sure that know who is picking up your bring a picture id with ther	child at the	end of VBS. Plea	•
Name	Pho	ne Number	-
	Children to	be enrolled	
Name	Age	Shirt Size	Grade Completed

Health Concerns - Food Allergies

me	Concern
me	Concern
gistration Cost Per	Family
nere is no charge fo	or VBS this year.
this VBS and that I will be not othorize and consent the VBS T oysician, hospital, or medical c ereby do release and forever d	hat reasonable precautions will be taken to safeguard the health and well-being of the participants ified as soon as possible in the event of an emergency. In the case sickness or an accident, I Team, or other associated volunteers of the VBS program to obtain medical care from a licensed linic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I lischarge the Diocese, and Parish from all manners of actions, claims which I or the child/children for any reason, arising during my child's attendance of the VBS.
	is submitted, I also consent to allowing my child's image to be recorded, either by photograph or week of for future advertisement of Parish VBS programs. Any other use will require your further
arent signature	
ate	

There will be water games played daily, so please make sure that your child brings a towel and a change of clothes or bathing suit.