

Blessed Sacrament VBS 2024

Registration Form

Mother's Name	Father's Name	
Address		
Home PhoneE	E-mail	
Mother's Cell Phone/Work	Father's Cell Phone/Work	
Emergency Contact (other than parent)		
Name	Phone Number	
In order to make sure that your child	d gets home safely to you. Please let us	

know who is picking up your child at the end of VBS. Please make sure that they bring a picture id with them. Thank you.

Name _____ Phone Number _____

Children to be enrolled

Name	Age	Shirt Size	Grade Completed

Health Concerns - Food Allergies

Name	Concern
Name	Concern
Name	Concern

Registration Cost Per Family

There is no charge for VBS this year.

Liability 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 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, and Parish from all manners of actions, claims which I or the child/children 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 signature_____

Date _____

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.