



**PARTICIPANT REGISTRATION FORM
 VACATION BIBLE SCHOOL
 JULY 10TH TO JULY 14TH
 \$25.00 per student
 Registration Deadline: May 31, 2017
 Please make check payable to St. Mary of Nazareth**

*****ONE FORM PER CHILD*****

CHILD'S NAME	GRADE FALL 2017	CURRENT AGE
DOES THIS CHILD HAVE ANY ALLERGIES?		
PLEASE CIRCLE		
CHILD'S T-SHIRT SIZE:	CHILD SIZES: XS S M L	ADULT SIZES: S M L XL
FATHER'S NAME	CELL	EMAIL
MOTHER'S NAME	CELL	EMAIL
ADDRESS/CITY/ZIP CODE		
PLEASE CIRCLE		
OPTIONAL CD TO PURCHASE FOR \$7.00 PER CD: YES – PLEASE ADD \$7.00 TO YOUR REGISTRATION CHECK NO		

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 SIGNATURE _____ DATE _____