

Participant Registration Form 2018 Summer Bible School



Dates / Location: **July 9-13, 2018 @ St. Joseph Church**
180 Old Walnut Hill Road, Uniontown, Pa 15401
Office phone: 724-438-2341

Please return completed form by **Monday June 25, 2018** (NO registrations accepted after this date)

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Child's Information:

Name: _____

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

T-shirt size: (circle one) child sizes : XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Home Parish: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone: *Hm:* _____ *Wk:* _____ *Cell:* _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____ Email: _____

Office Use Only:	
Fee: \$20.00 per child	Paid _____ Not Paid _____
Cash _____	Check # _____ (Make check payable to St. Therese Church VBS.)

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, and Parishes 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,

Parent / Guardian Signature

Date

COMPLETE AND SIGN Photo Release form on the reverse side of this form (or on a separate form)