



Participant Registration Form

Dates: July 18 – July 22, 2022 8:30AM til 1:00PM
Location: Parish Hall and Church



Child's Information:

Name: _____

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

Allergies or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone Numbers:

Hm: _____ Wk: _____ Cell: _____

Email: _____

Name: _____

Phone: _____

- ☐ 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 Parish 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 only on our website

Parent / Guardian Signature

Date

Return completed form by July 1st 2022 or email to jcuenin@sjcpetersburg.com