

St. Thomas More Presents



2019 Vacation Bible School

July 29th - 31st from 9:00 - 11:30 a.m. daily at St. Thomas More Church

For kids who have completed grades K-3 {grades 1-4, Fall 2019}

Registration will be limited to the first 100 registrants.

Return Completed Registration & Payment to: reoffice@stthomasmoreic.org

Or 3000 12th Ave., Coralville, IA 52241 no later than July 22, 2019

Cost: \$40 per child: Cash _____ Check # _____ {Scholarships available}

_____ Yes! I would like to volunteer (one child attends free of charge if you volunteer all 3 days).

Child Information:

Gender

Grade/Fall '19

First Name: _____ Last Name: _____ M F 1 2 3 4

First Name: _____ Last Name: _____ M F 1 2 3 4

First Name: _____ Last Name: _____ M F 1 2 3 4

T-Shirt Size (circle): Youth: XS S M L Adult: S M L XL XXL

Allergies or medical Conditions: _____

Doctor Name/Phone: _____

Health Insurance/Policy # {If applicable} _____

Family Information:

Parents/Guardian Name(s): _____

Cell: _____ Home: _____ Work: _____

Email: _____

Emergency Contact: (if parents can't be reached):

Name: _____ Phone: _____

Medical Authorization & Permission/Release of Liability/Photo 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 of sickness or an accident, I authorize and give consent to the VBS leadership/team to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in that event that I or other legal guardian cannot be reached. I do hereby release and forever discharge the Diocese of Davenport and St. Thomas More Catholic Church, Coralville, IA, from all manner of actions and claims which I or the child named above shall or may have for any reason, arising during their attendance and participation in July 29-31 Vacation Bible School at St. Thomas More. *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 further consent from parent/guardian.*

Parent/Guardian Signature

Date