



**SAINT AMBROSE OF WOODBURY
VACATION BIBLE SCHOOL
June 10-14, 9AM-NOON
Registration Deadline: May 11, 2019**

All children ages 3* (as of January 1, 2019) through 5th grade
are invited to ROAR!

**Preschool aged children must be potty trained and able to separate.*

Parent/Guardian Name(s) _____
 Street Address _____ City _____ Zip _____
 Best Phone # _____ Alternate Phone # _____
 Name of person(s) picking up child(ren) _____
 E-Mail address _____

- I do **NOT** want my child(ren) in a video/photo.
- I understand that VBS cannot be offered without community support, and agree to volunteer as best as I am able to help ensure the continued success of the VBS program at Saint Ambrose of Woodbury. _____ (Initial)

Child's Name	Birth Date	Age	M/F	Current Grade	Shirt Size*

**Shirt sizes come in child small (6-8); child medium (10-12); child large (14-16); and adult small (34-36)*

REGISTRATION FEES <i>(All fees are non-refundable)</i>	COST: \$30 per child X _____ (# of children) = TOTAL COST:	
	Music CD: \$7.50 per CD X _____ (# of CD's you are ordering) = TOTAL COST:	
	TOTAL AMOUNT DUE:	

LIABILITY WAIVER AND MEDICAL RELEASE

I, _____ grant permission for _____ to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Saint Ambrose of Woodbury parish and the Archdiocese of St. Paul and Minneapolis from any claim or law suits brought against Saint Ambrose of Woodbury and the Archdiocese of St. Paul and Minneapolis by myself, child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by Saint Ambrose of Woodbury Parish and the Archdiocese in defense of such a claim/lawsuit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone # _____

Food Allergies, special needs or concerns? (Please indicate which child): _____

Doctor Name _____ Phone # _____

As a parent/guardian, I agree to all of the above stated considerations and conditions.

Signed: _____ Date: _____

For office use only	
Check #/Cash:	_____
Total Pd:	_____
Initial:	_____