



SPLASH CANYON VACATION BIBLE SCHOOL REGISTRATION
(One form per child, please)

Student Name: _____

Age: _____ **Gender:** Male Female

Grade just finished: _____

Allergies: _____

Medical Issues or Special Needs: _____

Parent Name (first and last): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Contact Phone Number: _____

Other Phone Number: _____

Emergency Contact (first and last name): _____

Emergency Phone: _____

Alternate Pickup (first and last name): _____

Alternate Pickup Phone: _____

General Information: _____

***Completed Forms:** Completed Forms with \$5 registration fee can be placed in an envelope marked “VBS” and returned to St. Patrick’s Rectory, St. Patrick School Office, or placed in the Sunday Mass Collection Basket. All questions can be addressed to David Schmidt at davidjschmidt@hotmail.com.

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named parish permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting parish, and that all registration information will be removed from the hosting site by December 31 of this year.

Parent Signature

Date