

VBS Participant Registration Form



July 30th – August 3rd from 6:00pm-8:15pm



Child's Information:

Child(ren)'s Information (grade entering):

Name: _____ M/F

Name: _____ M/F

Name: _____ M/F

Name: _____ M/F

Grade (Entering)	Age	Birthdate	T-Shirt Size (XS, S, M, L)

Family Information:

Parents/Guardians' Name(s): _____

Primary: _____ Secondary: _____ Parish: _____

Email: _____

****REGISTRATION FEE: \$20.00/child, \$40 max/family.** Please make checks payable to St. Elizabeth Ann Seton and note "VBS" on the memo line. Scholarships are available. If requesting a scholarship, please check here: ____ and someone will contact you.

****Registration is open May 3-July 1; Forms can be turned in at all parishes. Late registrations accepted, however distribution of family music cd or t-shirt cannot be guaranteed.**

Questions?: Contact Kate Tran (stspfaithformation@outlook.com)

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, Parish and/or Organization 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 or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

Check Number: _____ Date: _____