

St. Mary's Catholic Church Vacation Bible School (VBS)
July 10 - 14, 2017
"Spirit Wars: The Holy Spirit Awakens"

REGISTRATION FORM

Payment in full along with a completed registration form will secure a child's placement in the VBS. Space is limited. Registration forms are due in the parish office with Payment in full no later than Wednesday, July 5th. Completed forms and payment can be dropped off to the Parish Office.

Cost: 1st child \$25, 2nd \$20, 3rd \$15. Checks can be made payable to St. Mary's.

Financial Assistance available. None will be denied participation due to financial trouble. Please inquire in the office.

- FAMILY INFORMATION -

Parent/Guardian: _____ E-Mail: _____

Address: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell/Pager _____

Other Person to Contact in case of an Emergency:

_____/_____/_____ Home Phone: _____
(Name) (Relationship)

Name of Child(ren) attending VBS:	DOB:	Grade in Sept. 2017:	T-Shirt size:
1. _____	_____/_____/_____	_____	_____
2. _____	_____/_____/_____	_____	_____
3. _____	_____/_____/_____	_____	_____
4. _____	_____/_____/_____	_____	_____

Allergies/Special Needs of your child(ren): _____

Authorization to Participate in VBS:

Parent/Guardian's signature: _____ Date: _____

- T-SHIRT ORDER INFORMATION -

YS (Youth Small) **YM** (Youth Medium) **YL** (Youth Large) **YXL** (Youth X-Large/Adult small)

For Office Use ONLY:

Payment: \$ _____ Cash Check Other

Form & Payment Received: _____

Comments:

PLEASE COMPLETE BOTH SIDES



St. Mary's Catholic Church
519th East Fourth Street
Alton, IL 62002
(618) 465-4284 / (618) 463-4637 fax



Vacation Bible School (VBS) Release Form

July 10 – July 14, 2017

I, the Parent(s)/Guardian of _____, hereby give my permission for his/her participation in the activity mentioned above. I agree to direct my child to cooperate and conform to the directions and instructions of the parish personnel responsible for the youth activities.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Springfield, its constituent organizations including but not limited to The Roman Catholic Bishop of Springfield, and their officers, employees and volunteer from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above mentioned activities, whether or not caused by the negligence (active or passive) of the parish activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am unaware of any medical condition of my child, which would render it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

PLEASE COMPLETE BOTH SIDES