

Glad Days at St. Rose School

VBS Participant Registration Form



Dates / Location: June 26 - June 30, 2017; Monday-Friday; 9:00-noon
Children ages K - 5th grade
St Rose School, 5309 NE Alameda
\$30.00 per child or \$60.00 per family

BRING: 1 white **pre-washed** cotton T-shirt per child (**Please send on Monday.**)

Questions: Tracey McDougall mcdougalltl@aol.com or 503-789-6583
Megan Schuver rudmega@earthlink.net or 503-335-3232

Child's Information:

Name: _____

Sex: (*circle one*) M F Age: _____ Grade next fall: _____

Allergies or medical conditions: _____

Health Insurance # (if applicable): _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone Numbers:

Hm: _____ Wk: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

Allergies: _____

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

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