



# Participant Registration

## VBS 2018 June 11-15 9:00am – 11:45am

Registration fee.....\$45

*Scholarships available-see office in person.*

Children of volunteers.....\$35

*Discount applies to children of volunteers ages 18 or older.*

**Registration deadline May 24!** Registrations received after will be put on a "wait" list.

**PARENT INFO** - please print CLEARLY and fill out BOTH sides. Permission form is on back.

<hr/>	<hr/>	NO YES	<i>If YES, please turn in Volunteer Form</i>
<i>First name (write above)</i>	<i>Last name</i>	<i>VBS volunteer?</i>	
<hr/>	<hr/>	<hr/>	<hr/>
<i>Street address</i>	<i>City</i>	<i>Zip</i>	
<hr/>	<hr/>	<hr/>	<hr/>
<i>E-mail address</i>	<i>Mobile phone</i>	<i>Other phone (specify)</i>	

### PARTICIPANTS - For preschool through grade 5 - in Fall of 2018

<b>Child 1</b>	<hr/>	<hr/>	M F	<hr/>	S(6-8) M(10-12) L(14-16) Adult S
	<i>First Name</i>	<i>Last Name</i>	<i>Gender</i>	<i>Grade in Fall 2018</i>	<i>Shirt size (circle one)</i>
	<hr/>				
	<i>Special requests (Group with siblings or a friend? Please list only one or two names.)</i>				
	<hr/>				
<hr/>			YES NO	<hr/>	
<i>Please list allergies and necessary medical info.</i>			<i>Will this child be able to attend every day?</i>		

<b>Child 2</b>	<hr/>	<hr/>	M F	<hr/>	S(6-8) M(10-12) L(14-16) Adult S
	<i>First Name</i>	<i>Last Name</i>	<i>Gender</i>	<i>Grade in Fall 2018</i>	<i>Shirt size (circle one)</i>
	<hr/>				
	<i>Special requests (Group with siblings or a friend? Please list only one or two names.)</i>				
	<hr/>				
<hr/>			YES NO	<hr/>	
<i>Please list allergies and necessary medical info.</i>			<i>Will this child be able to attend every day?</i>		

<b>Child 3</b>	<hr/>	<hr/>	M F	<hr/>	S(6-8) M(10-12) L(14-16) Adult S
	<i>First Name</i>	<i>Last Name</i>	<i>Gender</i>	<i>Grade in Fall 2018</i>	<i>Shirt size (circle one)</i>
	<hr/>				
	<i>Special requests (Group with siblings or a friend? Please list only one or two names.)</i>				
	<hr/>				
<hr/>			YES NO	<hr/>	
<i>Please list allergies and necessary medical info.</i>			<i>Will this child be able to attend every day?</i>		

- Yes! I would like to purchase the "Shipwrecked" Music CD for \$8.00.** CDs will be available in April.
- Yes!** I would like to contribute \$ \_\_\_\_\_ to the *Scholarship Fund* so that no child need to be turned away due to inability to pay.

<b>OFFICE USE ONLY</b>	Registration fee \$ _____	Date received _____
	Music CD \$ _____	Check or cash _____
	Registered with siblings _____	Total paid \$ _____

# Permission Form

# St. Joseph the Worker Catholic Church

**NAME OF EVENT**.....Vacation Bible School  
**DESTINATION**.....at St. Joseph the Worker Catholic Church  
**EVENT DATE & TIME**.....June 11-15, 2018; 9:00 to 11:45 am  
**MODE OF TRANSPORTATION**.....N/A  
**INDIVIDUAL(S) IN CHARGE**.....Monica Liebl  
Beth Heimer



I, \_\_\_\_\_, give permission for the names on the reverse side of this paper to  
*(PRINT Parent or Guardian-first and last name.)*

participate in the above described event. I warrant that my child (children) is in good health. In consideration of my child's (children's) participation, I agree to indemnify the parish/school from any claims or law suits brought by myself, my child (children's), or others, that arises out of any behavior by my child (children) at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

I agree that I am responsible for my child's (children's) conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child (children).

## EMERGENCY MEDICAL INFORMATION

In the event of an emergency, I give permission to transport my child (children) to a hospital. I agree to allow my child (children) to receive emergency medical treatment at my expense at the discretion of the event sponsor. 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 numbers on reverse, contact:

_____	_____	_____
<i>Emergency Contact Name</i>	<i>Phone</i>	<i>Relationship to Participants</i>
_____	_____	
<i>Insurance Company</i>	<i>Family Health Plan Carrier Number</i>	
_____	_____	
<i>Family Dr. (Name)</i>	<i>Dr. Phone</i>	

I have filled out allergy information and medical information on the reverse side for each child.

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

**X** \_\_\_\_\_  
*Signature* *Date*

**NOTE:**  
Please make sure you fill in the "Code of Conduct" and "Photo Permission" forms attached.

**PLEASE RETURN THIS FORM AND PAYMENT BY MAY 24, 2018!**  
Student Cost: \$45.00 each (\$35.00 for children of volunteers). *Discount applies to children of volunteers ages 18 or older.*