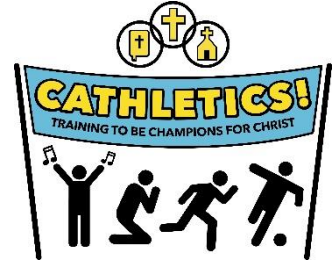


# VBS OLYMPIAN REGISTRATION

June 27 through June 30, 2016 from 6:30 p.m. to 8:30 p.m.  
at the St. Joseph Parish Activity Center, 670 West Main Street, Plain City.  
*For children preschool age 4 through 5<sup>th</sup> grade*



## Children's Information

Name:

Sex: (circle one) M F Age: Last grade completed:

Allergies/medical conditions/notes for staff\*:

In order to help our staff plan, please indicate the evenings your child will not be able to attend:

June 27  June 28  June 29  June 30

Name:

Sex: (circle one) M F Age: Last grade completed:

Allergies/medical conditions/notes for staff\*:

In order to help our staff plan, please indicate the evenings your child will not be able to attend:

June 27  June 28  June 29  June 30

Name:

Sex: (circle one) M F Age: Last grade completed:

Allergies/medical conditions/notes for staff\*:

In order to help our staff plan, please indicate the evenings your child will not be able to attend:

June 27  June 28  June 29  June 30

## Family Information

Parents/Guardians' Name(s):

Email:

Address:

### Emergency Contacts:

Name: Phone:

Name: Phone:

\*If your child has food allergies or special dietary needs, we ask you please to provide a daily snack for them. If you would like to know what our themed snacks are for each day, we would be happy to share that with you! Please contact the parish office for more information.

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 guardians cannot be reached. I hereby do release and forever discharge this Diocese and Parish from all manners of actions and 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 or for future advertisement of the Parish VBS programs. Any other use will require your further consent.

Parent/Guardian Signature:

Date: