



**Register now for Vacation Bible School
June 10-14, 2019**

\$15.00/child or \$30.00/family
\$15.00/niño o \$30.00/familia

Name/Nombre: _____

D.O.B/Fecha de nacimiento _____ Age/Edad _____

School grade just completed/Ultimo año que cursó _____

Mother/Madre: _____ Cell: _____

Father/Padre: _____ Cell: _____

Address/Dirección _____

City/Ciudad: _____ State/Estado _____ ZIP/Código _____

Home Phone/Teléfono _____

E-mail: _____

Allergies or other medical conditions/Alergias u otra condición medica: _____

 In case of emergency, contact/En caso de emergencia, contactar a: _____
 Phone/Teléfono: _____
 Relation to child/Relación con el niño _____

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 and Parish 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 signature/Firma

Date/Fecha