



Child Registration Form

St. Augustine: July 16th – July 19th

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Child's Information:

Name: _____

Gender: M F Age: _____ Grade completed: _____

Allergies or medical conditions: _____

Health Insurance # (if applicable): _____

Family Information:

Parent/Guardian Name: _____

Address: _____ Email: _____

Phone Numbers:

Home: _____ Cell: _____

Emergency Contact:

Name: _____ Phone: _____

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 Cat.Chat Productions Inc., this Diocese, and this 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 Cat.Chat VBS programs.

Parent / Guardian Signature

Date



Return completed form by: June 15th