VBS Registration Form

July 22 - 26 from 9am - Noon each day

Please fill out one form for each child.

Forms and payment can be returned to the parish office, mailed or placed in an envelope marked "VBS" and dropped in the collection basket.

SPACE IS LIMITED

Registration will close when VBS is full or on July 7th.

VBS is open to children ages 4 by July 22 through those entering 6^{th} grade in the fall.



GOD'S ROCK-SOLID TRUTH IN A WORLD OF SHIFTING SANDS

Child's Name			
Date of Birth	Grade Entering (in Fall)	Age	
Food Allergies/Medical Concer	rns/Special Needs		
Parent/Guardian			
City	State	Zip	
Phone Number During Event	,		
Home Phone	State Cell Phone		
E-maii			
Emergency Contact Name/Nu	ımber		
People Authorized to Pick Up Y	Your Child		
Doctor's Name	Up Your ChildPhonePolicy No		
Insurance Co.	Policy	Policy No.	
participant (If participant is under 18, or 18 a all risk of personal injury, sickness, death, da 18, or 18 and older) participation in all activity authorization and permission is hereby given participant (if participant is under 18, or 18 a Denver, Christ on the Mountain Catholic Christ Indemnities'), harmless from and against ar	nature whatsoever which may be incurred or so and older) while attending the above activity. For amage and expense arising from the undersign ties, including recreation and work activities inventor for into furnish all necessary transportation, food, a and older). The undersigned further hereby agreer, and their respective members, directors, only and all claims, demands, actions, lawsuits are result of the negligent, willful, or intentional a	urthermore, the undersigned hereby assume ned's or participant's (if participant is under tolved in the above activity. In addition, and lodging for the undersigned or ee to indemnify and hold the Archdiocese of employees, and agents (collectively, the nd liabilities, including attorney's fee and	
give our permission to take said participant temergency surgery; and, we fully and comp	c) are the parent(s) or legal guardian(s) of the particle of the particle of the particle of the above active to doctor or hospital and hereby authorize medialetely assume responsibility for all medical bills all reasons, disciplinary action or otherwise, I (w	rity and all of its undertakings, and hereby ical treatment, including but not limited to . Furthermore, should it be necessary for	
and permission, with respect to photographs re-use, publish and re-publish the same in w	e above named child, and I hereby give Christ is and video taken of my child, or in which my child, or in part, severally or in conjunction with n, promotion and advertising, and trade (exclude)	nild may be included with others, to use, other photographs, in any medium and for	
Signature:Parent or Guardian	D	ate	
Parent or Guardian			
\$50.00 per child Paid-	Cash OR Check No.	CD Given	

Note: The church will pay for one child per family for any <u>PARENT/GUARDIAN</u> (adult) who volunteers <u>for the week of VBS</u>.