

# Dickinson Catholic Vacation Bible School

## Participant Registration Form

Tuesday, June 2 through Friday, June 15, 2018

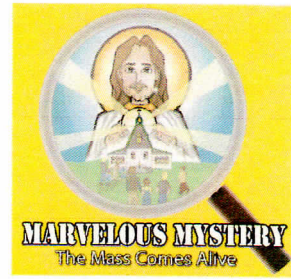
9am to 12pm Daily

Trinity High School

810 Empire Road, Dickinson ND

For children entering preschool through Grade 6

Children must be 4 before June 1st, 2018



Program capacity is limited to the first 120 students. Additional students may be placed on a wait list.

### Child's Information:

Name: \_\_\_\_\_

Gender: (circle one)    M    F                      Age: \_\_\_\_\_                      Grade entering Fall 2018: \_\_\_\_\_

T-shirt size: (circle one)    child sizes:    XS    S    M    L    /    adult sizes:    S    M    L    XL Allergies

or medical conditions: \_\_\_\_\_

### Family Information:

Parents/Guardians' Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

### Phone Numbers:

Hm: \_\_\_\_\_                                      Wk: \_\_\_\_\_                                      Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### 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 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 / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

_____ \$40 First Child
_____ \$20 Each Additional Child
\$_____ Total Due
_____ Stewardship Family
_____ Check Received

All forms should be mailed with payment to:

St Patrick's Parish  
Attn: Vacation Bible School  
229 3rd Avenue West  
Dickinson, ND 58601

Return completed form by: **Monday, May 14th, 2018**