



**Totally Catholic Vacation Bible School**  
*Created by God Built for a Purpose*  
**2017 Participant Registration Form**

**Dates:** July 31<sup>st</sup> – August 4<sup>th</sup>

**Time:** 9:00 a.m. - 12:00 p.m. each day | \$35.00 per child | \$120.00 for four or more per family.

**Must be 3 years old and potty trained to attend. FORMS DUE BY July 3<sup>rd</sup>**

**Location:** Msgr. Higgins Gym | 3100 Norris Ave., Sac. 95821

**For More Information, contact Sid Curry** | 916-482-8883 | [sid@presentationparish.org](mailto:sid@presentationparish.org)

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

Male : \_\_\_\_\_ Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip : \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Medical Care Provider Name & Phone Number: \_\_\_\_\_

Allergies or Other Medical Conditions: \_\_\_\_\_

**T- Shirt Size (circle one):**

**Youth** S (6-8) M (10-12) L (14-16)    **Adult** S M L XL

I give permission to photograph, video, or audio record my child during Vacation Bible School for use in Parish-sponsored electronic or print media to promote VBS or other Faith Formation programs. I understand no personally identifiable information will be published along with my child's image. I acknowledge that my child may decline to be photographed, videoed or recorded at any time.

Parent/Guardian Signature: \_\_\_\_\_ Accept \_\_\_\_\_ Decline \_\_\_\_\_

**Authorization of Consent for Treatment of a Minor**

In the event of a serious emergency and none of the persons listed on this form can be contacted, I authorize Vacation Bible School volunteers to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and rendered under the general or supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

I understand that the Vacation Bible School does not assume responsibility for payment of medical treatment.

I hereby agree to bear all costs incurred as a result of the foregoing.

Parent's Name: (Print) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If your physician cannot be reached, the Vacation Bible School Program may choose a physician:**

Yes  No

If "NO" is checked, indicate below what is to be done in case of an accident or emergency.

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

What is to be done in case of an accident or emergency:

---

---

---

---

Registration form must be turned in by July 3<sup>rd</sup>. VBS fills up quickly and we have a limited number of spots!

---