



# Vacation Bible School Participant Registration Form

Dates: **August 5, 6 & 7th**/ Location: St. Michael's in Milroy

Monday & Tuesday: 8:30am – 3:00pm;

Wednesday: 8:30am – Noon

Family Program: Wednesday, 7:00pm, St. Michael's Church

**For Children ages 4 years old thru Grade 6**

**Cost - \$25.00 per child or \$60.00 per family (Payable to: St. Michael's Church)**

**(If you are interested in a Sing and Play Roar Music CD, add \$7.00 per CD)**

**Child's Information:**      LAST NAME

Name: \_\_\_\_\_ Sex (circle one) M F \* Age\_\_ Gr. Completed\_\_

Name: \_\_\_\_\_ Sex (circle one) M F \* Age\_\_ Gr. Completed\_\_

Name: \_\_\_\_\_ Sex (circle one) M F \* Age\_\_ Gr. Completed\_\_

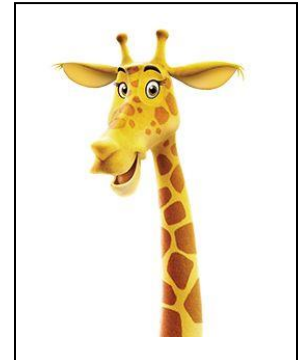
Name: \_\_\_\_\_ Sex (circle one) M F \* Age\_\_ Gr. Completed\_\_

Allergies or medical conditions:

\_\_\_\_\_

Health Insurance # (if applicable):

\_\_\_\_\_



**Family Information:**

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

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

**Phone Numbers:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

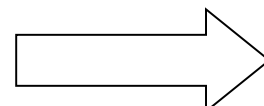
Cell: \_\_\_\_\_



**Emergency Contact:**

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

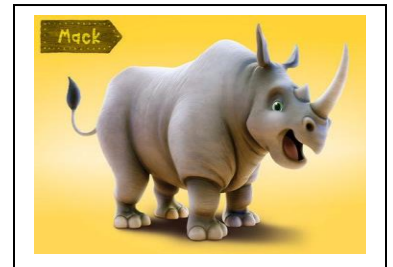
Phone: \_\_\_\_\_



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 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: \_\_\_\_\_  
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Return completed form by July 24<sup>th</sup>, 2019 Paid \_\_\_\_\_



Dear Parents:

There will be many pictures taken during the VBS.

**Media/Photo Waiver:**

I hereby authorize and give my full consent to St. Mary's/St. Michael's to copyright and or publish any and all photographs, video, or audio in which my child will appear in while attending Vacation Bible School. I further agree that they may transfer these photographs, video or audio for use on the Church's websites and all promotional materials.

\_\_\_\_\_  
(Parent/Guardian) Signature

Date: \_\_\_\_\_



Please return registration:  
Mail to: Suzanne Lightfoot  
21490 Bunker Ave  
Milroy MN 56263  
**Or**  
Drop in collection basket  
marked: "VBS Registration"  
**Checks Payable to St. Michael's**