

Participant Registration Form



Dates / Location: **July 15-19, 2019 @ Sacred Heart Catholic Church**
5112-49th Ave, Wetaskiwin AB
Office phone: 780-352-2365

Please return completed form with registration fees by June 21st, 2019 (one form per child)
Payment: Cash \$ _____ Cheque \$ _____ (\$40.00 per child / \$100.00 per family)

Child's Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

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

Allergies or medical conditions: _____

Health Insurance # : _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone: *Hm:* _____ *Wk:* _____ *Cell:* _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____ Email: _____

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

Junior Leader Registration Form



Dates / Location: **July 15-19, 2019 @ Sacred Heart Catholic Church**
5112-49th Ave, Wetaskiwin AB
Office phone: 780-352-2365

Please return completed form with registration fees by June 21st, 2019 (one form per child)
Payment: Cash \$ _____ Cheque \$ _____ (\$10 per Junior Leader)

Child's Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

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

Allergies or medical conditions: _____

Health Insurance # : _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone: *Hm:* _____ *Wk:* _____ *Cell:* _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____ Email: _____

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Parent / Guardian Signature

Date



DAYCARE

Dates / Location: **July 15-19, 2019 @ Sacred Heart Catholic Church**
5112-49th Ave, Wetaskiwin AB
Office phone: 780-352-2365



Please return completed form with registration fees by June 21st, 2019 (one form per child)

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Child's Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

Allergies or medical conditions: _____

Health Insurance # : _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone: *Hm:* _____ *Wk:* _____ *Cell:* _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____ Email: _____

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Parent / Guardian Signature

Date