

# Vacation Bible Camp Registration Form



Dates / Location: **June 25 – 29 from 9 am to noon @ St Charles Borromeo Parish**

For more information - Contact Jodie Clark 253-564-5185 Ext 3036 or [jlark@stcharlesb.org](mailto:jlark@stcharlesb.org)

**MARVELOUS MYSTERY**  
The Mass Comes Alive

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**Child's Information: (PLEASE List Additional Children on Reverse)**

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

Gender: (circle one) M      F      Age: \_\_\_\_\_      Grade completed: \_\_\_\_\_

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:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

A freewill offering **\$50 per family** would be appreciated to defray costs. Fees and registration forms may be returned to your parish office or dropped in Sunday Collection baskets in an envelope marked VBC. Make checks payable to St Charles Parish. Please do not allow finances to deter you from attending VBC. **Deadline: June 5th, 2018**

**Emergency Contact:**

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

We photograph the children from time to time for craft projects or promotion videos for Parish albums. Do we have your permission to use photographs of your child or family for our parish work and publicity?

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBC 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 VBC Team, or other associated volunteers of the VBC 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 VBC.

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 VBC week or for future advertisement of Parish VBC programs. Any other use will require your further consent.

**Parent / Guardian Signature**

**Date**

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Return completed form by **June 5th, 2018**

## **Additional Children**

### **Child's Information:**

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

Gender: (circle one) M      F      Age: \_\_\_\_\_      Grade completed: \_\_\_\_\_

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

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

### **Child's Information:**

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

Gender: (circle one) M      F      Age: \_\_\_\_\_      Grade completed: \_\_\_\_\_

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

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

### **Child's Information:**

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

Gender: (circle one) M      F      Age: \_\_\_\_\_      Grade completed: \_\_\_\_\_

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

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

