



## VACATION BIBLE CAMP

June 24-28, 2019 at Holy Cross Catholic Church  
5510 North 44th Street | Tacoma, WA 98407

### Child & Family Registration Form

#### Family Information:

Parent/Guardian Name: \_\_\_\_\_

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

Phones# Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

#### Emergency Contact:

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

Health Insurance # (if applicable): \_\_\_\_\_

#### Child's Information:

Name: \_\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_ School \_\_\_\_\_

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

Name: \_\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_ School \_\_\_\_\_

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

Name: \_\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_ School \_\_\_\_\_

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

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 participating Parishes 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 VBS week or for future advertisement of Parish VBS programs on parish websites and social media. Any other use will require your further consent.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Register by May 28, 2019** to ensure staff ample time to acquire adequate supplies. **A fee of \$50/ family** is appreciated to help defray costs, however do not let finances deter you from attending. Turn in forms and fees to **your Parish Office**. Questions? Contact Jodie Clark | 253-564-5185 or Allison Verhofstadt | 253-383-2783.

*Parish Offices, please forward forms and fees to Saint Patrick Catholic Church | 1001 North J Street | Tacoma, WA 98403*









