## A Wilderness Adventure Through the Sacraments

## **Vacation Bible School Participant Registration Form**

Monday, July 10 - Friday, July 14, 2017 9:00-12:00 St. Sebastian Parish 476 Mull Avenue Akron, Ohio 44320 • 330-836-2233

## Child's Information:

Ciliu s iliioi iliation.			
Name:			
Sex: (circle one) M	F Age:	Grade entering 2017/2018:	_
Allergies or medical of	conditions:		-
Name:			
Sex: (circle one) M	F Age:	Grade entering 2017/2018:	
Allergies or medical of	conditions:		-
Name:			
Sex: (circle one) M	F Age:	Grade entering 2017/2018:	_
Allergies or medical c	conditions:		-
Name:			
Sex: (circle one) M	F Age:	Grade entering 2017/2018:	_
Allergies or medical c	conditions:		-
Family Information:			
Parents/Guardians' N	ame(s):		
Address:			
Home:	Work:	Cell:	
Email:		I am interested in volunteering for VBSyes	no
<b>Emergency Contact:</b> Na	ame:	Phone:	
soon as possible in the event of an volunteers of the VBS program to or other legal guardian(s) cannot b actions, claims which I or the child Unless other written instruction is s	emergency. In the case of sic obtain medical care from a lice e reached. I hereby do release named above shall or may ha submitted, I also consent to allo	ard the health and well-being of the participants in this VBS and that I will be the son an accident, I authorize and consent the VBS Team, or other assensed physician, hospital, or medical clinic for my son/daughter in the event and forever discharge this Diocese, Parish and/or Organization from all move for any reason, arising during my child's attendance of the VBS. Dowing my child's image to be recorded, either by photograph or video, and ass. Any other use will require your further consent.	ociated that myself nanners of
Parent / Guardian Signatu	ure	Date	

Return completed form and check by July 1, 2017 to St. Sebastian Parish Rectory Attn: VBS 476 Mull Avenue Akron, Ohio 44320. Children of volunteers attend for free otherwise cost is \$10 for the first child and \$5 for each additional child