



SONWORLD ADVENTURE PARK VBS REGISTRATION FORM

Monday through Friday, July 27th – 31st

9:00 a.m. to 12:00 p.m.

Cost is \$10.00 per child/\$5.00 for each additional sibling

<i>CHILD'S NAME</i>	<i>Entering Kindergarten through 4th Grade</i>	<i>BIRTHDATE</i>

PARENT OR GUARDIAN INFORMATION:

Name: _____ Phone #: _____

Address: _____ Emergency Phone #: _____

City: _____ (Where you can be reached at during VBS)

Email Address: _____

Health Insurance Company _____

Policy/Group Number: _____

Doctor's Name: _____ Phone #: _____

Date of last Tetanus shot _____

EMERGENCY CONTACT if parent/guardian is not available in an emergency:

Name: _____ Phone #: _____

NAMES OF ADDITIONAL ADULTS AUTHORIZED TO PICK UP YOUR CHILD

1.) _____ 2.) _____

PLEASE LIST ANY ALLERGIES (include food, medications, etc.):

PLEASE LIST ANY MEDICAL OR SPECIAL NEEDS, including medications currently

being used: _____

MEDICAL RELEASE FORM

I (We), the undersigned parent(s) or legal guardian(s) of _____

(fill in all children's names)

a minor, do hereby authorize adult volunteers of St. Mary Catholic Church Vacation Bible School as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability St. Mary Catholic Church, Edwardsville, any of its ministries or leaders in the event of any accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Name (signed) _____

PHOTO RELEASE FORM

I (We) allow our child(ren) _____, to have their photos published

(fill in all children's names)

in print and/or on Parish website (no names will be used) for Vacation Bible School related activities.

Parent/Legal Guardian Name (sign) _____

