



Registration Form

August 5-9, 2019

9 AM-12:30 PM

Check made payable to: Saint Helena Church

Costs: \$40/1 child \$70/2 children \$100/3 or more children

Child's Information:

Name: _____

Grade ('19-'20 School Yr.): _____ T-Shirt (**CHILD Sizes**): (circle one) XS S M L

Allergies/Medical Conditions: _____

Health Insurance Type & Policy #: _____

Family Information:

Parents/Guardians' Name(s): _____

E-Mail: _____

Phone #: _____

Emergency Contact:

Name: _____

Phone #: _____

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 Saint Helena Parish and the Archdiocese of Philadelphia 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 Saint Helena Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

Registration Form due Friday, July 12, 2019

Please Return to Rectory or School Office