

2017 Participant Registration Form



REGISTRATION DEADLINE: June 23rd

PLACE: St. Mary's Catholic Church Activity CenterDATE: July 17 - *July 21 *INCLUDES 8am FRIDAY MASS & PANCAKE BREAKFAST FOR FAMILIESTIME: 8:00 am - 11:50 amFOR AGES: Pre-K (4 yrs) - 5th GradeVBS COST: \$10.00 - Includes T-shirt

(Make Checks Payable to St. Mary's Catholic Church-Forms & payment can be dropped off at or mailed to the Church Office - PO Box 2448 Victoria, TX 77902-2448 - or - drop them in the collection basket at Mass.)

CONTACT PERSON: Marie Immenhauser, VBS Director 572-3863Child's Information:

Is child an Altar Server? Yes No

Has child received 1st Communion? Yes No

Name: _____

Sex: (circle one) M F Birth Date: _____ Age: _____ Grade completed: _____

T-shirt size: (circle one) Child/Youth sizes: S M L XL Adult sizes: S M L

There will NOT be a surplus of t-shirts, so please register early.

Allergies or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Street

City, State

Zip Code

Email: _____

Phone Numbers:

Hm: _____ Wk: _____ Cell: _____

Emergency Contact:

Name: _____ Phone: _____

Deadline: Return completed form by Friday, June 23rd to: Marie Immenhauser; by mail to above church address, place in collection basket, or bring by rectory.

Late registrations will be accepted, but t-shirts and materials will not be guaranteed.

PLEASE COMPLETE MEDICAL INFORMATION ON BACK SIDE OF PAGE. THANKS!

Amt Pd _____ Cash Check# _____ R'cd by _____ Date _____

**OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY
DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM/MEDICAL RELEASE**

NAME _____ Gender _____ Grade _____
Address _____ City _____
St/Zip _____ Phone (____) _____
Age _____ Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S NAME _____
Address (if different than above) _____
Phone (____) _____ Cell (____) _____ Wk (____) _____

I request and give my consent for my son/daughter, _____ to participant in all church sponsored activities from July 17-July 21st , 2017 sponsored by St. Mary's Catholic Church and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and St. Mary's Catholic Church, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date	Parent's Signature
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Family Physician _____ Phone (____) _____

Address _____ City/State/Zip _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____ Any physical limitations: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name of Insurance Company _____ Phone (____) _____

Address _____

City/St/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____

You must complete this side of the registration form. Thank you.