Group ______________________________ Participant Name______________________________

2018 PARTICIPANT REGISTRATION FORM

REGISTRATION DEADLINE: June 22nd

PLACE: St. Mary's Catholic Church Activity Center

DATE: July 16 – *July 20 *INCLUDES 8am FRIDAY MASS & PANCAKE BREAKFAST FOR FAMILIES

TIME: 8:00 am – 11:50 am

FOR AGES: Pre-K (4 yrs) – 5th Grade

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

CONTACT PERSON: Marie Immenhauser, VBS Director 572-3863

Will your child miss any days? Yes No If so, dates: ____________________________

Child'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: ____________________________

Alternate Transportation: (Provide information below for anyone else allowed to pick up your child):

Name: _______________________________________ Driver's License #: _________________________________

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 16-July 20th , 2018 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**

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.