Save the date We are so excit Cat Chat is Camp Saint Ma July 11 th thru th Tell your fri and neighb	ted artin te 15 th ends ors!	RTHD BLAS ELEBRATION OF L		
Child's Information				
	-			
	M F Age: _			
	cle one) child sizes :			B
1-sinit size. (en	ere one) ennu sizes .	5 WI L'adult Sizes.	S IVI L	
Allergies or med	ical conditions:			
Health Insurance	e # (if applicable):			-/5
Family Information	<u>.</u>			
Parents/Guardiar	is' Name(s):			{
Address:				
Phone Numbers:				
Hm:	Wk:	Cell	E-mail	
Emergency Contact:				
Name:			Phone:	
			e \$45/child and \$40 for the	
			after June 26th will be ar	
child. Make checks	payable to St. Martin	of Tours Church or ha	ve exact change.	_
in this VBC and that I authorize and consent physician, hospital, or n do release and forever may have for any reaso Unless other written ins	will be notified as soon as posi- the VBC Team, or other asso- nedical clinic for my son/daught discharge this Diocese, and Pa n, arising during my child's atte truction is submitted, I also cor	ssible in the event of an eme ciated volunteers of the VBC er in the event that myself or c rish from all manners of action ndance of the VBC. usent to allowing my child's im-	eguard the health and well being or rgency. In the case of sickness program to obtain medical care ther legal guardian(s) cannot be s, claims which I or the child nam age to be recorded, either by pho Any other use will require further of	or an accident, I e from a licensed reached. I hereby led above shall or otograph or video,

Parent / Guardian Signature

Date

Deadline: Return completed form by June 26th to: _Christine Davis @ St. Martin of Tours Faith Formation office.