

Save the date!!!
July 17th thru the 21st
9 AM to 12 noon
Tell your friends
and neighbors!



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Child's Information:

Name: _____

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

T-shirt size: (circle one) child sizes : S M L adult sizes: S M L

Allergies or medical conditions: _____

Health Insurance # (if applicable): _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone Numbers:

Hm: _____ Wk: _____ Cell _____ E-mail _____

Emergency Contact:

Name: _____ Phone: _____

Payments: VBC payments made on or before July 1st will be \$45/child and \$40 for the second child and \$15 for additional children from the same household. Payments after July 1st will be an additional \$5 per child. Make checks payable to St. Martin of Tours Church or have exact change.

LIABILITY RELEASE: I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBC 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 VBC Team, or other associated volunteers of the VBC 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 this Diocese, and Parish 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 VBC.
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 VBC week or for future advertisement of Parish VBC programs. Any other use will require further consent.

Parent / Guardian Signature

Date

Deadline: Return completed form by July 1st to: Christine Davis @ St. Martin of Tours Faith Formation office.