

VBS Participant Registration Form

All Saints Parish Hall, New Riegel
July 20-23, 2026 6:30-8:30 p.m.



Child/Children's Information (list any additional children on back or separate sheet):

Name: _____
Sex: (circle one) M F Age: _____ Grade going into: _____
Allergies or medical conditions: _____

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Family Information:

Do your children want to be in the same group? Y/N notes: _____

I (name) _____ am interested in being a group helper or helping with Craft/Snacks/Games/Stories.

Please circle one: I want to be with my child/ I do NOT want to be with my child/ Either way is fine.

Health Insurance # (if applicable): _____

Parents/Guardians' Name(s): _____

Address: _____

Phone Numbers: (please indicate who to call first in case of emergency)

Hm: _____ Mom Cell: _____ Dad Cell: _____

Emergency Contact (additional person to contact if Mom and Dad cannot be reached):

Name: _____

Phone: _____ Relationship: _____

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 this Diocese, Parish, volunteers, and/or Organization 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 Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date