



# VBS Child Registration 2020

Cathedral of Christ the King July 27-31 5:30-8:30

1-Child \$50.00 2-Children \$85.00 3 or more-Children \$100.00



Name \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Last Gr Completed: \_\_\_\_\_

T-Shirt Size: *(circle one)* Child Sizes : XS S M L /

Adult Sizes: S M L XL XXL



Friend to group with, Allergies, Medical Needs, Special Needs, etc:

\_\_\_\_\_

Health Insurance Name and Policy #: \_\_\_\_\_



Parents/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

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 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

Return completed form to: Karen Kirkland, Cathedral of Christ the King, 299 Colony Blvd. Lexington 40502

If you would like to volunteer for VBS or any other children's programs at CTK, e-mail Karen at: [ctkccd@cdlex.org](mailto:ctkccd@cdlex.org)

"It was not you who chose me, but I who chose you..." -John 15:16

