

Mandan Tri-Parish Vacation Bible School Registration Form

To be held at the Church of St. Joseph · 108 3rd St. NE · Mandan, ND 58554

June 14-17, 2021 (Mon. – Thurs., 6:00 – 8:30 p.m.) **Registration Fee:** \$30 per child

Which parish are you a member of? Spirit of Life St. Joseph's Christ the King Other: _____

Child's Information (Ages 5-11):

Name of Child 1: _____

Gender: (circle one) Male or Female Age: _____ Grade Completed: _____

T-Shirt Size: (circle one) **youth sizes:** S(6-8) M(10-12) L(14-16) XL(18-20) **adult sizes:** S M L XL

Allergies or Medical Conditions: _____

Name of Child 2: _____

Gender: (circle one) Male or Female Age: _____ Grade Completed: _____

T-Shirt Size: (circle one) **youth sizes:** S(6-8) M(10-12) L(14-16) XL(18-20) **adult sizes:** S M L XL

Allergies or Medical Conditions: _____

Name of Child 3: _____

Gender: (circle one) Male or Female Age: _____ Grade Completed: _____

T-Shirt Size: (circle one) **youth sizes:** S(6-8) M(10-12) L(14-16) XL(18-20) **adult sizes:** S M L XL

Allergies or Medical Conditions: _____

Name of Child 4: _____

Gender: (circle one) Male or Female Age: _____ Grade Completed: _____

T-Shirt Size: (circle one) **youth sizes:** S(6-8) M(10-12) L(14-16) XL(18-20) **adult sizes:** S M L XL

Allergies or Medical Conditions: _____

Family Information:

Parents/Guardians: _____ Phone: _____ Cell: _____

Address: _____

Email Address: _____ Health Insurance # _____

Emergency Contact Information:

Name: _____ Phone: _____

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 and Parish from all manners of actions, claims which I or the children named above shall or may have for any reason, arising during my child's attendance of VBS. Unless other written instruction is submitted, I also consent my child's image to be recorded, either by photograph or video, and used during VBS week or for further advertisement of Parish VBS programs. Any other use will require your further consent.

(Parent/Guardian Signature)

(Date)

Total Amount Enclosed (\$30 per child – please write checks to *Christ the King*): _____

Deadline: Return completed form by **May 21, 2020** to your Parish or School Office or place in collection basket.

For more info, contact: Amanda Dukart – 663-8842 (office), 390-3275 (cell), amanda.dukart@ctkmandan.com (email preferred)