



Jr/Sr CREW Leader Registration Form
Immaculate Conception Summer Vacation Bible School
August 2nd -6th, 2010 from 9 am to 12 noon
Grades 5 and up

Please Circle Grade Entering for School Year Starting Fall 2010:

5th 6th 7th 8th Other Grade/Age_____

Name_____DOB_____Age_____

Home Phone_____ Cell Phone _____ **Circle one to call first:** Home Cell

Parents Name_____

Address_____

E-Mail_____

Emergency Contact Person
Reachable while your child is here_____ Phone_____

Family Doctor _____ Phone_____

Allergies/Conditions/Medication _____

Any Food Allergies? Yes No Please list _____

Ins Company & Medical Number _____

Name(s) of people allowed to pick up your child _____

Photos will be taken during VBS this year. May we use your child's photos in church publications? Yes No

Medical & Liability Release – Valid August 2-6, 2010

In the event of sickness or some medical emergency, I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit for care my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of Immaculate Conception.

Signature of Parent or Guardian_____ Date_____

Please return this registration and a check for \$10 made payable to Immaculate Conception.

****This fee is waived if you are a Confirmation Student using VBS for service hours****

For questions or to volunteer, please contact Fred Corey @ 427-7547
or email at fpcorey@yahoo.com

Office Use Only
Paid _____ Date _____