



Crew Registration Form

Immaculate Conception Summer Vacation Bible School

August 1st – 5th, 2011 from 9 am to 12 noon

Grades 5 & UP

Please Circle Grade Entering for School Year Starting Fall 2011:

5th Grade

6th Grade

7th Grade

8th Grade

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 _____ Phone _____

Family Doctor _____ Phone _____

Allergies/Conditions/Medication _____

Any Food Allergies? Yes No Please list _____

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

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

Medical & Liability Release – Valid August 1-5, 2011

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 \$15 made payable to Immaculate Conception.

Registrations must be received before July 12, 2011.

For questions or to volunteer, please contact: Fred Corey @ 637-7437.