



**St. Sebastian 2019 Vacation Bible School  
Participant Registration Form**

Monday, July 29, 2019 - Friday, August 2, 2019 9:00-12:00  
St. Sebastian Parish 476 Mull Avenue Akron, Ohio 44320 • 330-836-2233

**Register by  
July 15th**

**Child's Information:**

Name: \_\_\_\_\_

Sex: (circle one) M F      Age: \_\_\_\_\_      Grade entering 2019/2020: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: (circle one) M F      Age: \_\_\_\_\_      Grade entering 2019/2020: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: (circle one) M F      Age: \_\_\_\_\_      Grade entering 2019/2020: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: (circle one) M F      Age: \_\_\_\_\_      Grade entering 2019/2020: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

**Family Information:**

Parents/Guardians' Name(s): \_\_\_\_\_

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

Email: \_\_\_\_\_ I am interested in volunteering for VBS \_\_\_yes \_\_\_no

**Emergency Contact:** 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, 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 and check by July 15, 2019** to St. Sebastian Parish Rectory Attn: VBS 476 Mull Avenue Akron, Ohio 44320. The cost is \$10 for the first child and \$5 for each additional child. Add a \$10 late fee per family if returned after July 15th. There is no fee for children or grandchildren of volunteers.