



Participant Registration Form
July 23-27, 2018 9:00 a.m to 12:00 noon
St. John the Apostle
(\$45.00 per child)

Family Information

Parents/Guardians' Name(s) _____
Address _____
Best Phone Number to use: _____
Email address: _____

Emergency Contact

Name: _____
Phone: _____ Relationship to Child _____

Physician and Medical Insurance

Primary Health Care Provider: _____
Telephone: _____ Insurance Company _____
Health Insurance # _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this Bible Camp and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or accident, I authorize and consent the Bible Camp Team, or other associated volunteers of the Bible Camp 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 the Diocese of Arlington, and Parish of St. John the Apostle from all manners of actions and claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the Bible Camp. 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. Parents/guardians who do not wish their child to be photographed or filmed should contact the Office of Religious Education in writing.

Parent/Guardian Signature _____ Date _____

(Child registration information on reverse)

Child's Information

Name: _____

Age: _____ Grade completed: _____

T-shirt Size: (circle one) Child sizes XS S M L XL Adult Sizes S M L XL XXL

Allergies or medical conditions: _____

Child's Information

Name: _____

Age: _____ Grade completed: _____

T-shirt Size: (circle one) Child sizes XS S M L XL Adult Sizes S M L XL XXL

Allergies or medical conditions: _____

Child's Information

Name: _____

Age: _____ Grade completed: _____

T-shirt Size: (circle one) Child sizes XS S M L XL Adult Sizes S M L XL XXL

Allergies or medical conditions: _____

Child's Information

Name: _____

Age: _____ Grade completed: _____

T-shirt Size: (circle one) Child sizes XS S M L XL Adult Sizes S M L XL XXL

Allergies or medical conditions: _____
