



# Participant Registration Form

July 10-14, 2023 8:30 AM to 11:30 AM

Sacred Heart Church/Culemans Hall 1400-16th Ave. Street Moline, IL 61265

Cost \$50.00 per child for the first 2 children; 3 or more \$135.00 MAX

## Child's Information:

**Additional children's information on the back**

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

Sex: *(circle one)* M F      Age: \_\_\_\_\_      Grade in **Fall (Pre-K to 5)** \_\_\_\_\_

T-shirt size: *(circle one)* child sizes: XS S M L / adult sizes: S M L XL XXL XXXL

**IN ORDER TO RECEIVE A T-SHIRT ORDERS MUST BE RECEIVED BY JUNE 25, 2023**

**IF YOU WISH TO GET A CD OF THE MUSIC THE COST IS \$5.00 PER CD # \_\_\_\_\_ OF CD'S**

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

Health Insurance # (if applicable): \_\_\_\_\_

## Family Information:

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

Address: \_\_\_\_\_

## Phone Numbers:

Hm: \_\_\_\_\_ Wk.: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## 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 by JUNE 25, 2023.**

**Mail to Sacred Heart Church 1608-13th Street Moline, IL 61265**

**2<sup>nd</sup> Child's Information:**

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

Sex: (*circle one*) M F      Age: \_\_\_\_\_      Grade in **Fall (Pre-K to 5)** \_\_\_\_\_

T-shirt size: (*circle one*) child sizes: XS S M L / adult sizes: S M L XL XXL XXXL

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

Health Insurance # (if applicable): \_\_\_\_\_

**3<sup>rd</sup> Child's Information:**

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

Sex: (*circle one*) M F      Age: \_\_\_\_\_      Grade in **Fall (Pre-K to 5)** \_\_\_\_\_

T-shirt size: (*circle one*) child sizes: XS S M L / adult sizes: S M L XL XXL XXXL

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

Health Insurance # (if applicable): \_\_\_\_\_

**4<sup>th</sup> Child's Information:**

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

Sex: (*circle one*) M F      Age: \_\_\_\_\_      Grade in **Fall (Pre-K to 5)** \_\_\_\_\_

T-shirt size: (*circle one*) child sizes: XS S M L / adult sizes: S M L XL XXL XXXL

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

Health Insurance # (if applicable): \_\_\_\_\_