



VBS 2019 Participant Registration

Entering Pre-School (4 & 5-year-old) through Fifth Grade
 24-June-28 June 2019 9:00AM - 12:30PM

FAMILY NAME _____ Address _____
 Home Phone _____ Cell Phone _____
 Email _____

Emergency Contact (name & phone) _____

*Complete a line for each family member.
 Parents/Guardians who volunteer for the full Week will be offered a \$10 reduction for the first child.*

Name	AGE	DOB	Grade Entering in Fall	M/F	Allergy/Disability	FEE
						\$45
						\$40
						\$35
						\$30

\$5 discount per each additional child

Special REQUEST: _____

Please check your preference _____ Music CD or _____ Download Card

In consideration of the opportunity for my family to participate in the program. I agree to release and hold harmless and indemnify Saint Katharine Drexel, Frederick MD. The Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their agents, servants and employees from liability, claims, demands and causes of action arising out of relating to any loss, damage or injury sustained in connection with or arising out of participation in the Program.

Parent/Guardian: _____

I understand and grant permission that photographs or videotapes of participants may be used in publications, websites or other materials produced from time to time. Participants will not be identified unless we obtain specific written consent. Please note that we do not have control over the use of photographs or film taken by any media source that may cover the event.

Parent/Guardian: _____ Decline: _____

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son or daughter in the event that I am not present. I am covered by hospitalization and medical insurance under policy # _____ issued by _____

Parent/Guardian: _____

_____ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

Parent/Guardian: _____

For Office use Only:

Date received _____ Paid _____ Check Number _____