



Child Registration Form

June 24th- 28th at Queen of Peace Catholic Church

Child's Information:

Name: _____

Gender: M F Age: _____ Grade completed: _____

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

Allergies or medical conditions: _____

Health Insurance # (if applicable): _____

Family Information:

Parent/Guardian Name: _____

Address: _____ Email: _____

Phone Number Home: _____ Cell: _____

Emergency Contact:

Name: _____ Phone: _____ Can Pick Up? Y N

Check this box if you would like to donate items to the children during VBS! A team member will contact you!

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 Cat.Chat Productions Inc., the Diocese of El Paso, and Queen of Peace Parish 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 VBS programs at our parish.

Parent / Guardian Signature _____

Date _____

Return completed form by June 17th.