



# Transfiguration Catholic Church Vacation Bible School

July 25-29, 2016

8:30 a.m.—Noon

\$30.00 per Explorer/\$50 Family Max

Make checks PAYABLE TO: Transfiguration Catholic Church

## **Child's Information** (please use one form per child):

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

Gender: (circle one) M F                      Age: \_\_\_\_\_                      Grade (Fall 2016): K 1 2 3 4 5

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

## **Family Information:**

Parent/Guardian Name(s): \_\_\_\_\_

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

## **Contact Information:**

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

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

## **Emergency Contact:**

Name: \_\_\_\_\_                      Phone Number: \_\_\_\_\_

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 physical, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby release and agree to hold harmless Transfiguration Catholic Church, the Diocese of Charleston, its Bishop and their employees, organizers, subsidiaries and any volunteers assisting in the program, from any and all liability and claims arising out of my child's participation in programs and related activities.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

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*

**Please return your registration form no later than June 14, 2016**