



Who? Children ages 4 years – 5th grade (in Fall 2017)

Where? St. Augustine Parish, 428 W 19th Ave | Spokane, WA 99203

When? 9:00 AM to 12:00 Noon, June 19- 23

Hosted by: St. Augustine, St. Peter, Sacred Heart, and Our Lady of Fatima

We need many helpers to create a fun, faith-filled VBS, so please consider completing an **Adult Volunteer Form** for yourself; incoming 6th-12th graders may volunteer and should complete a **Youth Volunteer Form**.

FAMILY REGISTRATION

Parent(s): _____ Email: _____

Address: _____

Cell Phone: _____ Home phone: _____

Preferred Phone to call: cell home Parish (if any): _____

Cost: \$35 for first child, \$10 for each additional child. Scholarships are available.

Child Name (First and Last)	Age	Grade (Fall 2017)	T-Shirt (circle one)	Medical Conditions/ Allergies	
			Youth S M L XL Adult S M L		\$35
			Youth S M L XL Adult S M L		\$10
			Youth S M L XL Adult S M L		\$10
			Youth S M L XL Adult S M L		\$10
			Youth S M L XL Adult S M L		\$10

Do you want a Music CD and DVD set for \$5? YES NO

Total Enclosed: *Please make checks payable to St. Augustine Parish VBS*

In case of emergency, please contact: _____ Phone: _____

Photo Release: I hereby grant permission for photographs taken of my child at this event to appear on one or more of the communication media of the Diocese of Spokane (eg. Inland Catholic, website), or of the above-listed parishes. I understand that these images will be used only in relation to these publications and this event.

Signature: _____ Date: _____ Relationship: _____

Complete Medical Release form (other side). →

Mail completed forms to VBS, St. Augustine Parish, 428 W. 19th Ave., Spokane, WA 99203 by June 10, 2017

Questions? Call 747-7972 or email us at: southsidevbs@yahoo.com

Medical Release Form

Name of event: Southside Vacation Bible School

Dates/times of event: June 19-23, 2017; 9:00 AM to 12:00 noon

Location: St. Augustine Parish, 428 W. 19th Ave. Spokane, WA 99203

I (we), the undersigned parent(s) or guardian(s) of _____, a minor],

(and _____ also minors)

do hereby authorize adult employees and volunteers of St. Augustine Parish as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability St. Augustine Parish, any of its ministries or leaders in the event of an accident in route, during and returning from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____ City _____

Emergency Phone: Home (___) _____ Work (___) _____

Health Insurance Company _____

Policy or Group Number _____ Phone (___) _____

If parent/legal guardian is not available in an emergency, contact

Name _____ Phone (___) _____

Please list any allergies. Include medications, foods, etc.

Does your child have any medical or special needs, including medications currently being used?

No ____ Yes ____ If yes, please explain.

Doctor's Name _____ Phone (___) _____

Dentist's Name _____ Phone (___) _____

Date of last tetanus shot _____ Birthdate _____

Please specify child with specific medical needs or fill out separate medical release form for each child.