



St. Rita in the Desert Registration Form

June 4–8 8:30am–12:00pm

\$15.00 per child

\$10.00 t-shirt per child

(deadline to order t-shirt: May 21st)

Preschool: 3yrs old (as of June 1, 2017) & 4yr. old. Must be potty-trained (no pull ups).

Elementary Group:

Entering Kindergarten to 5th grade

Child's Name

T-Shirt Circle size: **Youth** xs s, m, l, xl **Adult** s, m, l, xl

(if purchasing, deadline May 21st)

Address _____ City _____ State _____ Zip _____

Home phone () Mom's Cell # () Dad's Cell # ()

Parent(s) name(s)

Parent(s) work phone(s) _____ (Mom) _____ (Dad)

E-mail

In case of emergency, contact (other than parent)

Allergies or other medical conditions

(If your child has any food allergies please bring a snack with their name written on it and leave with the Snack Leader)

School grade just completed _____ or Age if registering for preschool _____

I hereby (please check) GRANT DO NOT GRANT permission for St Rita in the Desert to use pictures of my child

Name of child:

in their bulletin & during VBS. Photos will not be used informational or promotional purposes or on the internet.

Parent/Legal Guardian (print name)

Parent/Legal Guardian (signature)

Medical Release Form

Name of event: **St. Rita in the Desert SonSurf Beach Blast Vacation Bible School**

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

a minor, do hereby authorize adult volunteers of St. Rita in the Desert, 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. Rita in the Desert, and any of its ministries or leaders in the event of an accident en-route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (print)

Parent/Legal Guardian (sign)

Date signed

Address

City

State

Zip Code

Primary Number

check one Cell 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 special needs or medical, including medications currently being used? No Yes If yes, please explain.

Doctor's Name

Phone
