St. Mary of the Assumption Parish, Lancaster NY Vacation Bible School Registration Form July 11-15, 2016 - 6:00-8:00pm "Saints Alive!" For children ages 5-10

Please complete one form per child

Last Name	First	Gr. (Fall 2016)
Age Date of Birth: Month	Day Year	Sex: Male Female
Mailing Address		
City	State	Zip
Parent's/ Guardian's Name		
Parent's/ Guardian's Phone	Cell Phone	
Parent Email Address		
Persons to be contacted in case of emerg	ency:	
1. Name Pho	one Rel	ationship to Child
2. Name Pho	one Rel	lationship to Child
Does your child have any medical condition	on(s) that we should be aw	are of? (Allergies, medications, etc.) If so,
please explain.		
A saint my child would like to learn about	: is	
I would like to volunteer to help with		
Parish (Church) to which I belong:		
The undersigned gives permission to his or he <u>the Assumption</u> , its officers, employees, and loss or damage to property sustained by the undersigned agrees to defend and indemnify liability or loss they might sustain by reason to permission to the physician selected by the d and order injection, anesthesia, or surgery fo	agents from any liability what undersigned for any member v <u>St. Mary of the Assumption,</u> thereof. In the event I cannot lirector of children's ministry	atsoever for any injury or death to person or of his family, in attendance, and the its officers, employees, and agents for any be reached in an EMERGENCY, I hereby give
Signed:	Dat	e:
Insurance Company:	Pol	icy No
By signing this registration form you agree the property of <u>St. Mary of the Assumption</u> , and	, , , , , , , , , , , , , , , , , , , ,	, 5
<i>Office use only:</i> Fee Cash Check #	pl	ain white T-shirt received