



Student's Last Name _____
 Student's First Name _____
 Student's Address _____

 Student's Grade (Grade entering in Fall) _____
 Student's "Goes By" Name _____
 Allergies or Other Medical Concerns _____

Parent's Last Name _____
 Parent's First Name _____
 Parent's Address _____

 Home Phone (____) _____
 Work Phone (____) _____
 In Case of Emergency Please Call _____ at (____) _____
 Parish _____
 Parent's Signature _____

Registration Payment of \$30 is due by July 1, 2023 _____ Date _____ Payment Received _____

Please list any other information we need to know about your child for this program:

Each child will receive a t-shirt. Please indicate child's size: Child Size: _____ or Adult Size _____
 (XS S M L) (S M L XL XXL)

Dear St. Mary Magdalene Parish,

I, _____ am the _____ of _____
 (Name of parent or guardian) (Father, Mother, Custodial/Legal Guardian) (Child's Name)

a participant in the St. Mary Magdalene Vacation Bible School from July 17th through July 20th 2023, consent to the child's participation in such activity.

I understand that I am responsible for the transportation of my child to and from this activity. In consideration of the child being allowed to participate in the activity, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the activity and I further release the Diocese of Cleveland, St. Mary Magdalene Parish, employees, and volunteers from St. Mary Magdalene from all claims, judgements, liability for injury or damage due to the child's participation in the activity including all risks connected therewith whether foreseen or unforeseen.

Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child. I fully understand what is involved in the activity and I understand that I have the opportunity to call Rosemarie Sisler at (440) 943-2133 to ask about the activity.

In case of accident, I request a VBS staff person to contact me. I can be reached at the following number _____. If I cannot be reached, please contact _____ at (____) _____

In the event reasonable attempts to contact me are unsuccessful, I hereby give my consent for the transfer of my child to any hospital reasonably close by and for treatment by a licensed physician or dentist.

Please sign below in ink. (No child will be permitted to attend the activity without this signed request)

Parent/Guardian Signature **Date**