

St. Mary's Catholic Church

June 21-25, 2009



SonRock Kids Camp Registration

Name _____

Birthdate _____

Street address _____

City _____ State _____ Zip _____

Home phone (_____) _____

Cell phone (_____) _____

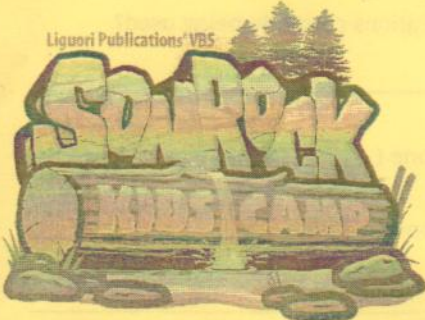
E-mail _____

Parent(s) name(s) _____

Parent(s) work phone(s) _____

In case of emergency, contact _____

Allergies or other medical conditions _____



Liquori Publications' VBS

School grade just completed _____

Cost: \$ 20 /child _____

Please send payment with
this registration. Thank you!

Questions? Call Tina Boettcher, DRE @ 827-8526

Medical Release Form

Name of event: Vacation Bible School June 21-25, 2009

I (we), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of St. Mary's Parish (name of church) 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. Mary's Parish (name of church), 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.

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 _____ Birth date _____