



**ST. MICHAEL'S CATHOLIC CHURCH
2010 VACATION BIBLE SCHOOL**

**Date: July 26th – 30th
Time: 6:00 – 8:30 p.m.**

**REGISTRATION FORM
FOR CHILDREN AGES 4 – 10 YEARS
Registration Deadline: Friday, July 23, 2010**

Parent/Guardian Name: _____ Phone _____

Address: _____ School _____

Child's Name _____ Age _____ Any Allergies Y or N

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If responded yes, list any type of allergy below (i.e. bee stings, food, medicine):

My child(ren) will attend: _____ all days or only: M T W TH F

Photography Release

As legal guardian, I give permission for _____ to participate in St. Michael's High Seas Vacation Bible School. I understand that photography and/or video of participants may be procured during this programming. I consent to the use of images or likenesses of the aforementioned person(s), for promotional purposes, by St. Michael's Parish, Coopersville, Michigan.

Signature _____ Date _____

******CHARGE: Free Will Donation******

**Medical Release and Emergency Contact Form
Attached - Complete Back Sheet**

**St. Michael's Parish
17150 -88th Avenue
Coopersville, Michigan 49404**

Medical Treatment Release Form

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child or children in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible.

Name of child(ren) _____

Reason for which release is intended First Aid/Medical Treatment

Address of child(ren) _____

Emergency Phone _____ **Cell** _____

Family Physician _____ **Phone** _____

Address _____ **City** _____

List allergies, medication, contacts or other pertinent comments:

Health Insurance Data:

Company _____ **Policy** _____

Group _____ **Contract** _____

This release form is complete and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstance in my absence.

I certify that I am the (check one) _____ custodial parent _____ legal guardian of the minor child(ren) named above, and agree to the above terms for myself and for my minor child(ren).

Date _____ **Relationship to Child(ren)** _____ **Signature** _____