



Our Lady of Peace
 425 Broad Street North
 Regina
 306-543-5355
 passistolop@sasktel.net



\$50/child
 \$35/each child in same family
 Max \$100/family

Child Registration Form

Child's Information:

Name: _____

Gender: M F Age: _____ Grade completed: _____

Allergies or medical conditions: _____

Sk Health Number: _____

Parent/Guardian Name: _____

Address: _____ Email: _____

Phone Numbers: Home: _____ Cell: _____

Emergency Contact:

Name: _____ Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge Cat.Chat Productions, this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

Return completed form by July 24