

# Catholic Community of Owosso Vacation Bible School 2017

## 'HERO CENTRAL'



VBS Sessions are from Monday, June 19th through Friday, June 23rd

Monday - Thursday time is 9:00-12:00 pm

Friday "Family VBS Night" 6:30 - 8:30 p.m.

Participant (4 years through 5th Grade) \$10.00 per participant

Volunteer (6th through 12th Grade or Adult) NO CHARGE FOR VOLUNTEERS

To ensure that enough materials are ordered for every participant

**REGISTRATION IS DUE MONDAY, May 15, 2017**

Do Good. Seek peace,  
and go after it!

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_ Participant      \_\_\_\_ Volunteer      Allergies or Other Medical Conditions \_\_\_\_\_

\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_ Participant      \_\_\_\_ Volunteer      Allergies or Other Medical Conditions \_\_\_\_\_

\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_ Participant      \_\_\_\_ Volunteer      Allergies or Other Medical Conditions \_\_\_\_\_

\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_ Participant      \_\_\_\_ Volunteer      Allergies or Other Medical Conditions \_\_\_\_\_

\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone Number(s) where you can be reached during VBS \_\_\_\_\_

In case of emergency, when a parent cannot be reached, contact:

\_\_\_\_\_ Contact # \_\_\_\_\_  
 \_\_\_\_\_ Contact # \_\_\_\_\_

***DON'T DELAY! LATE REGISTRATION FEE AFTER MAY 15th - \$15.00 PER CHILD***

Registration fee includes: Hero Central cape, mask & wrist bands, music cd & songbook, crafts, snack, and family activity material.

**ADULT VOLUNTEERS NEEDED!**

Please check if you are available to help out in any of these areas and someone will contact you.

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Volunteer Requirements

Must have a registration filled out.  
 18yrs or older (must have taken Virtues programs)  
 NO FEE for volunteers.

Group help during VBS in these areas:

\_\_\_\_ PreK-K room      \_\_\_\_ Games      \_\_\_\_ Snack time      \_\_\_\_ VBS setup/Decorating-Week of 6-12/16  
 \_\_\_\_ Crafts      \_\_\_\_ Music      \_\_\_\_ Storytime/Science

**\*\*OVER\*\***

**PERMISSION STATEMENT**

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**Medical Release:** I give my permission for VBS staff to administer basic first aid to my child(ren) (name on this form) in the event of an injury. In the event of an emergency, if I or the contact person named above cannot be reached, I authorized the VBS staff to obtain the necessary medical treatment and/or services. If I cannot be reached in the event of an emergency the contact person(s) listed is authorized to act on my behalf. I understand I am responsible for all expenses for emergency services.

**Health Insurance Data**

Company \_\_\_\_\_ Policy \_\_\_\_\_ Group \_\_\_\_\_ Contract \_\_\_\_\_

**Photo Release:** I hereby       GRANT       **DO NOT GRANT** the listed named church's permission to copyright and use photographs or video in online communications including the parish website/parish social-networking sites, for information or promotional purposes.

**Permission to Attend:** I give permission for my child(ren) (named on this form) to attend the Vacation Bible School listed. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the site by December 31 of this year.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**RELEASE INFORMATION**

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List children (4 years old through 5th grade) and list any adult who we are authorized to release your children to.

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Authorized Adult & Phone # \_\_\_\_\_

Authorized Adult & Phone # \_\_\_\_\_

Authorized Adult & Phone # \_\_\_\_\_

PARENTS NAME & PHONE # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_