



# Vacation Bible School 2020

Prince of Peace Parish  
1110 Dykstra Road, North Muskegon, Michigan 49445

## Registration \* Medical Treatment \* Media Release

### Registration:

I wish to enroll my child/ren in **Everest** Vacation Bible School. **I acknowledge the registration deadline is July 23rd and a limit of 45 children.** Cost is a free will offering. Please make checks payable to Prince of Peace Parish.

Name of Child/ren: (1) _____	Age _____	Relationship to you: _____
(2) _____	Age _____	Relationship to you: _____
(3) _____	Age _____	Relationship to you: _____
(4) _____	Age _____	Relationship to you: _____

### Medical Treatment Release:

As a parent/legal guardian, I do hereby authorize first aid/medical treatment of my child/ren 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 contact me, when reasonably possible, based on the emergency information provided on this form.

**This medical treatment release is intended only during the **Everest** Vacation Bible School Event**

**Dates: July 27th, 28th and 29th    Time: 6:00 pm until 8:00 pm**

Name of Parent(s): \_\_\_\_\_

Address of Child(ren): \_\_\_\_\_ City: \_\_\_\_\_ MI Zip: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_ or \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ MI City: \_\_\_\_\_

### List ALL Food and/or Medical Allergies for each child: *(Use back side of this form for additional information)*

Child's Name and Explanation: \_\_\_\_\_

\_\_\_\_\_

Child's Name and Explanation: \_\_\_\_\_

\_\_\_\_\_

### Health Insurance Information:

Company: \_\_\_\_\_

Policy: \_\_\_\_\_ Group Number: \_\_\_\_\_ Contract Number \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I certify that I am the (check one) \_\_\_\_\_ Custodial Parent \_\_\_\_\_ Legal Guardian or the minor child/ren named above, and I agree to the above terms for myself and for my minor child/ren.

### Media Release:

As legal guardian, I give permission for my child/ren who are named below:

\_\_\_\_\_

to participate in the **VBS 2020** event held at Prince of Peace Parish, in North Muskegon, Michigan. I understand that photography and/or videos of participants may be procured during this event and used in promotional materials. I consent to the use of images or likenesses of the aforementioned person(s), by Prince of Peace Parish.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Celebrating our Catholic Faith in a fun and interactive way!**