



Vacation Bible School 2021

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 30th. 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: August 2nd, 3rd, 4th, and 5th 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 2021** 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!