

# St. Patrick - St. Anthony Parish

**June 26-29, 2017 / 9:30 to 12:00**

## Vacation Bible School Adult Helper Registration

Adult Helper Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

T-Shirt Size (Adult) S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Allergies: \_\_\_\_\_

### If You have any children attending VBS:

Children's Names attending VBS K-4th grade: \_\_\_\_\_

Children for preschool room (potty trained) \_\_\_\_\_

Children Nursery \_\_\_\_\_

Requests of Room \_\_\_\_\_

### **Media Release**

\_\_\_\_ I give permission to St. Patrick-St. Anthony Parish to publish photographs of my child during Faith Formation Classes to use for promotional material such as St. Patrick-St. Anthony flyers, bulletin articles and on our St. Patrick-St. Anthony Parish Website & Facebook Page.

\_\_\_\_ I do not wish to have my child photographed for advertising or promotional purposes.

**Medical Treatment Release:** As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

\_\_\_\_\_  
Signature