

St. Patrick - St. Anthony Parish

June 26nd-29th / 9:30 to 12:00 noon

2017 Vacation Bible School Teen Helper Registration

Teen Helper Name: _____

Birth Date: _____ Age: _____ Grade this Fall: _____

T-Shirt Size (Adult) S ___ M ___ L ___ XL ___

Parent's Names: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Home Email: _____

Allergies: _____

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.

I, parent or guardian, of _____ do give permission for my child/teen helper to ride the St. Patrick-St. Anthony's Bus for an off-site location, outside of the St. Patrick's Family Center building, and being under the supervision of a St. Patrick-St. Anthony Adult Volunteer.

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.

Parent or Guardian Signature