



St. Patrick - St. Anthony Parish

June 25—28 / 9:30 to 12:00 noon

Vacation Bible School Teen Helper Registration

Teen Helper Name: _____

Teen Phone: _____

Age: _____ Grade this Fall: _____

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

Parent's Name: _____

Address: _____

Best contact phone #: _____

Email address: _____

Allergies: _____

Emergency Contact:

Name: _____ Relation _____ Phone _____

Media Release

____ I give permission to St. Patrick-St. Anthony Parish to publish photographs of my child during Vacation Bible School 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.

Parent or Guardian Signature