



MARVELOUS MYSTERY  
The Mass Comes Alive

## Participant Registration Form

St. Mary's Catholic Church – Marne  
Vacation Bible School – June 25-29, 2018

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**Child's Information:**

Name: \_\_\_\_\_

Gender: (circle one) M F Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL

Allergies or medical conditions or Special Needs \_\_\_\_\_

Health Insurance Company Name \_\_\_\_\_

Health Insurance Company Phone # \_\_\_\_\_

**Family Information:**

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

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

**Emergency Contact:**

Name: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Alternate Pickup Name: \_\_\_\_\_ Alternate Pickup Phone # \_\_\_\_\_

**Please complete and sign reverse side.**

**Medical Release**

I give permission for the VBS Staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS Staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me. I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Grand Rapids Diocese and St. Mary's Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of VBS.

**Photo Release**

I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

**Permission to Attend**

I give permission for my child named above to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Volunteer**

**Be part of Marvel Mystery!** God's children of all ages will develop a new appreciation for the Catholic Mass and will deepen their love for Jesus in the Eucharist through faith teachings, catchy music, fun games, crafts, and more! You can help full or part time. We have many ways to be involved to suit your schedule and interests.

Are you interested in helping? We would love to have you. If so, please give us your name and circle a t-shirt size for you above as well.

**Name of Volunteer** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**E-mail** \_\_\_\_\_

PLEASE NOTE: All VBS Volunteers over the age of 18 need to be Virtus Certified. Please go to Virtus.org to register for the training. If you have any questions or for more information, e-mail Theresa Steffes at dre@saintmarysmarne.org