

Participant Registration Form

VBS - JUNE 12th-23rd, 2017 (2 weeks) 9:00-12:00 noon
Our Lady of Lourdes Catholic Church
22904 Lyons Road, Boca Raton, FL 33428



For ages 4 -12 years old

Donation for the 2 weeks: \$75 for 1 child \$125 for 2 children \$150 for 3 children in same household

Child's Information:

Name: _____

Gender: (*circle one*) M F Age: _____ Grade current/completed: _____

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

Allergies or medical conditions: _____

Health Insurance # : _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____ City and Zip _____

Phone Numbers:

Hm: _____ Wk: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this program 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 OLOL Team, or other associated volunteers of the 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 Diocese of Palm Beach, Our Lady of Lourdes Parish employees and volunteers 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 on this event.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used in church bulletin or for future advertisement of OLOL Parish programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

Return completed form and registration fee by May 26, 2017.

Questions? Please call Mrs. Perez at 561-483-2440 ext. 1429 or email dre@lourdesboca.org