

Our Lady of Grace Church  
 Faith Formation Ministry  
 Presents...

**Wilderness Adventure**



**Vacation Bible School**  
**July 16<sup>th</sup> – 20<sup>th</sup>, 2018**  
**9 a.m. to Noon**

**REGISTRATION for children entering  
 grades Kindergarten through Sixth  
 in September 2018**

**Deadline is June 15<sup>th</sup> or  
 when 75 participants have registered.  
 Late registrations will NOT be  
 accepted.**

<b>Participant Information:</b> LAST NAME, FIRST NAME	<b>M or F</b>	<b>GRADE IN FALL 2018</b>	<b>AGE</b>	<b>T-SHIRT SIZE (CIRCLE ONE)</b>	<b>ALLERGIES</b>
				CHILD XS, S, M, L OR ADULT S, M, L, XL	
				CHILD XS, S, M, L OR ADULT S, M, L, XL	
				CHILD XS, S, M, L OR ADULT S, M, L, XL	

All **Youth** Volunteers must be entering into the 7th grade by Fall 2018

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

**M or F**    Grade in Fall 2018: \_\_\_\_\_    T-Shirt Size: \_\_\_\_\_    Allergies: \_\_\_\_\_

Email: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

Yes! I want to volunteer to assist on this/these day(s): \_\_\_\_\_ \*\*\*

\*\*\*No volunteer may bring a child to VBS that is not a registered, paid attendee, except that childcare will be available for toilet-trained Pre-K children of our VBS Volunteers. Please contact Rebecca Krawczak at [rebecca.krawczak@gmail.com](mailto:rebecca.krawczak@gmail.com) or Linda Ruiz at [mrsruiz@olg.org](mailto:mrsruiz@olg.org), for more information!

**Please be sure to fill out BOTH sides of this form! Thank you!**

PHONE NUMBERS to be used DURING VBS to contact parent/legal guardian listed:

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

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

EMERGENCY CONTACT in case parent/legal guardian above cannot be reached during VBS:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ or \_\_\_\_\_

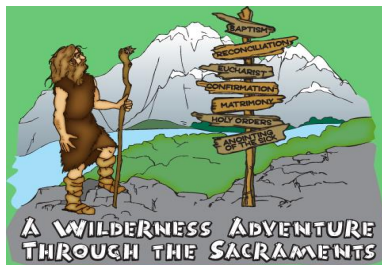
Medical/Liability Release: I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS 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 cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization, from all manner of actions and claims, for incident which I or the child named above, may incur during my child's attendance of the VBS.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photo/Video Release: I grant permission for Our Lady of Grace Parish and Our Lady of grace School (collectively "OLG"), their respective employees, representatives, or volunteers, to photograph or record on audio or video (tape or digital) my child for purposes of furthering the mission of OLG. Photos, audio or video may only be used in printed materials and any other visual display or media sponsored by OLG. I understand that such photos and/or video recordings will be used for OLG related purposes only and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit your non-refundable payment of \$50 per participant (either cash or check) and deliver to the Faith Formation Office or to the parish office in an envelope marked VBS by June 15<sup>th</sup>. We welcome any questions you may have! Feel free to contact Rebecca Krawczak at [rebecca.krawczak@gmail.com](mailto:rebecca.krawczak@gmail.com) or Linda Ruiz at [mrsruiz@olg.org](mailto:mrsruiz@olg.org).



For Office Use Only  
Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_