



June 27th - July 1st; 8:45 a.m. to 12 noon

Parent/Guardian(s) Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone: (Mother) \_\_\_\_\_/(Father) \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell phone number: (Mother) \_\_\_\_\_/(Father) \_\_\_\_\_ Parish: \_\_\_\_\_

**Registration information for Campers (Age 4 through grade 4 in Fall 2011)**

Child's First and Last Name	School Grade Fall 2011	Gender	T-Shirt Size	School in Fall 2011	Sacraments received
		M F	YS YM YL YXL AS AM AL AXL		Baptism Penance Holy Eucharist
		M F	YS YM YL YXL AS AM AL AXL		Baptism Penance Holy Eucharist
		M F	YS YM YL YXL AS AM AL AXL		Baptism Penance Holy Eucharist
		M F	YS YM YL YXL AS AM AL AXL		Baptism Penance Holy Eucharist

**Registration information for Youth Leaders (grades 5 - 8 in Fall 2011) and (grades 9 - 12 in Fall 2011) Note: Minimum 2 Preparatory meetings required.**

Person's First and Last Name	School Grade Fall 2011	Gender	T-Shirt Size (Youth Leaders)	School in Fall 2011	Sacraments received	Volunteer position Underline 2nd choice
		M F	YS YM YL YXL AS AM AL AXL		Baptism Penance Holy Eucharist Confirmation	Crafts Games Snacks Nursery Music Other
		M F	YS YM YL YXL AS AM AL AXL		Baptism Penance Holy Eucharist Confirmation	Crafts Games Snacks Nursery Music Other

**Registration information for Adults**

Person's First and Last Name	Availability and Area of Interest (see Youth Leaders)	VIRTUS Trained	T-Shirt Size (Adult Leaders)
		Y N	YS YM YL YXL AS AM AL AXL

Camper fee (\$35 per) \_\_\_\_\_  
 grade 5 - 8 Youth Leader fee (\$30 per) \_\_\_\_\_  
 grade 9 - 12 Youth and Adult Leader fee (\$10 per) \_\_\_\_\_  
 or Family Maximum (\$105) \_\_\_\_\_  
 Donation \_\_\_\_\_  
 Check number \_\_\_\_\_ Total \_\_\_\_\_

**Return Registration Form (1 per family), Media Release Form (1 per family), and Permission for Care forms (1 per person) to: Queen of Apostles VBS, 4329 Sano St, Alexandria, VA 22312. Questions or scholarships contact: K4J VBS Director, Tim Lanahan.**

**VACATION BIBLE SCHOOL 2011: Media Release Form**

I agree to permit picture(s) of the family members listed below, who will be present at Vacation Bible School at Queen of Apostles Church from June 27<sup>th</sup> through July 1<sup>st</sup>, 2011, to be posted on a web blog and to be used in promotional materials at Queen of Apostles Church functions. (Please note that the web blog site will not appear on search engines.)

I release and indemnify Queen of Apostles Catholic Church, all employees, all volunteers, and the Diocese of Arlington from any and all other uses of these pictures by other individuals and organizations.

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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

I do NOT give permission for picture(s) of the family members listed below, who will be present at Vacation Bible School at Queen of Apostles Church from June 27<sup>th</sup> through July 1<sup>st</sup>, 2011, to be posted on the web blog site.

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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

**VACATION BIBLE SCHOOL 2011: Permission for Care**

(A form is required for each individual on the premises – infant through adult.)

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

Name of Parent/Legal Guardian (if under 18): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth (if under 18): \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

List food allergies or write N/A if none (Continue on back if needed):

\_\_\_\_\_

List medicine allergies or write N/A if none (Continue on back if needed):

\_\_\_\_\_

Any other medical problems that should be noted (Continue on back if needed):

\_\_\_\_\_

Current Medications (Continue on back if needed.):

\_\_\_\_\_

Family Physician Name & Phone: \_\_\_\_\_

Insurance Carrier & Policy Number: \_\_\_\_\_

As the parent/legal guardian of \_\_\_\_\_, permission is hereby given for my child to attend Vacation Bible School from **June 27 – July 1, 2011** at **Queen of Apostles' School in Alexandria beginning at 8:45am and ending with pick-up at Noon**. I understand and acknowledge that my child will be participating in activities that are low impact; however, accidents may still happen. These activities include field day activities, scavenger hunts, and relay races. I agree to indemnify the Parish, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given to my child.

**I further give my consent to** that in my absence the above-named minor may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

**OR**

Permissions, indemnifications, consents, and authorizations listed above are given for my personal medical care.

Signature of adult: \_\_\_\_\_ Date: \_\_\_\_\_