

# VBS 2024! Registration

Sponsored by:

**Catholic Communities of Warren and Trumbull North**

at:

**Blessed Sacrament Parish**  
3020 Reeves Rd. NE, Warren, OH



**June 10-14, 9:15 am-Noon\***

Space is limited - Registration Due by June 2

**\*Friday Closing Celebration**

Families arrive at 11:00am ~ Lunch is included

Cost: \$10.00/child with family max \$30.00

Checks Payable to Blessed Sacrament

*Marvelous Mystery* is for children ages 5 through 11. Child must be 5 years old by June 10.

You may also register online at [www.warrencatholic.org/bsp/](http://www.warrencatholic.org/bsp/)



## VBS Medical Release / Registration Form

Child's Name \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Parent Primary Email Address \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of birth \_\_\_\_\_ Age as of 6/10/24 \_\_\_\_\_ Last school grade completed \_\_\_\_\_

Parish or Church \_\_\_\_\_

Special Needs/Allergies/Medical Information/Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_

Phone \_\_\_\_\_

Name(s) of person(s) who may pick up this child from VBS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Today's Date \_\_\_\_\_

Name of Participant \_\_\_\_\_

**Part 1: To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital (circle one)

Trumbull, **330-841-9011**, Akron Children's Urgent Care, **330 856-9699** St. Joseph **330-841-4000**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any reasonably accessible hospital.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a doctor should be alerted:

ALLERGIES / MEDICAL CONDITIONS/ EDUCATIONAL SITUATIONS:

\_\_\_\_\_  
\_\_\_\_\_

My child has an aide at school Yes No Please explain \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Part 2: Refusal to Consent**

I do **NOT** give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Church authorities to take the following action:

Signature of Parent/Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Photo/Social Media Release** The Catholic Communities of Warren and Trumbull North have my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

----- (for office use only) -----

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Assigned to Group \_\_\_\_\_ Host \_\_\_\_\_

Are family members helping with the Marvelous Mystery? \_\_\_\_\_ If yes, where? \_\_\_\_\_