

VBS 2022! Registration

Sponsored by:

Warren Area Catholic Churches

at:

Blessed Sacrament Parish

3020 Reeves Rd. NE, Warren, OH

June 13-17, 9:30 am-Noon

Space is limited

Closing program:

after Friday's session from noon-12:30 pm



Cost: \$10.00/child with family max \$30.00 ~ Checks Payable to Blessed Sacrament.

Register online at warrencatholic.org/bsp/

"Digging for Treasure" is for children age 5-11. Child must be 5 yrs. old by June 13.

Digging for Treasure Registration

Please complete this form and return it by June 5, 2022

Name of child _____

Address _____

Birthdate _____ Last school grade completed _____

Medical concerns/allergies _____

Name of parent/primary caregiver _____

Parent Primary email: _____

Home / Work / Cell

Home / Work / Cell

Emergency contact _____ Emergency phone _____

Home / Work / Cell

Parish: *(optional)* _____

Parent/guardian signature _____ Date _____

Must also fill out Medical Form

VBS Medical Release / Registration Form
Host Church Blessed Sacrament Roman Catholic Church

Today's Date _____

Name of Participant _____

Emergency Contact _____ Phone _____ Cell _____

(If parents are unavailable)

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, Akron Children's Urgent Care St. Joseph's

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 student _____

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 _____