



# VBS Participant Registration Form

Dates / Location: St. Rita Catholic Church - (703) 836-1640  
3815 Russell Road, Alexandria, VA 22305

**July 29-August 2, 2024 (Monday-Friday) – 8:45 AM-12:00 PM(noon)**

## Child's Information:

Name: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Sex: (*circle one*) M F Date of Birth: \_\_\_\_\_ Grade in Fall 2024: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Health Insurance provider and ID# (if applicable): \_\_\_\_\_

## Family Information:

Parents/Guardians' Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Phone Numbers:

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

Email(s): \_\_\_\_\_

## Emergency Contact:

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

Phone: \_\_\_\_\_

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(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization 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 of the VBS.

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 during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

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

\_\_\_\_\_  
Date



Return completed form to the Parish Office by **July 19, 2024**

VBS costs \$40 per student (financial aid is available upon request). Drop off payment at the Parish Office.