

**Minor -Volunteer
REGISTRATION FORM**

**2008 St. Dismas Vacation Bible Camp
God's Big Backyard**

When: July 14 thru July 18, 2008

Where: Grounds of St. Dismas Church

Time: 8:30 A.M. – 12:30 P.M.

Ages: 13 yrs. – 17 yrs.

(Please Print)

NAME OF Volunteer ATTENDING:

AGE:

Date of Birth:

T-Shirt Size:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

T-Shirt Sizes: (Choose 1 for each child) Child-M Child-L Adult-S Adult-M Adult-L Adult-XL Other___

Parents Signature: _____

Parents Full Address: _____

Must Complete Both Sides . . . 

Emergency Information - 2008 Bible Camp (PLEASE PRINT)

Mother Name: _____ Home: () _____ Work: () _____

Father Name: _____ Home: () _____ Work: () _____

1st Contact (after parents): _____ Phone No. () _____

2nd Contact (after parents): _____ Phone No. () _____

Family Doctor's Name: _____ Phone No. () _____

If you and the physician of your choice, as indicated above, cannot be reached in an emergency, and if in the judgment of the church authorities immediate medical and or hospital attention is indicated, do you authorize the parish authorities to send your child (properly accompanied) to an available hospital?

(Check One:) YES _____ NO _____

Signature of Parent or Legal Guardian: _____

Date: _____

As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency that in the opinion of the attending physician my endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me/us.

Signature of Parent or Legal Guardian: _____

Date: _____

Medical Emergency Information: (*Be sure to indicate which child . . .*)

Chronic Illnesses: _____

Allergies: _____

Authorized Medicines: _____

Other: _____