

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

**When:** July 14 thru July 18, 2008

**Where:** Grounds of St. Dismas Church

**Time:** 8:30 A.M. – 12:30 P.M.

**Ages:** 5 yrs. old thru 12 yrs. old

**Cost:** \$20 Each Child – **Full payment is due by Sunday, June 15, 2008.**

**NOTE:** Your child's registration & T-Shirt are guaranteed only when full payment is received by this date.

**NEW THIS YEAR:** All campers registered by **June 15, 2008** receive a **VBC music CD FREE!!!**

**( Please Print )**

<u>NAME OF CHILD/CHILDREN ATTENDING:</u>	<u>AGE:</u>	<u>Date of Birth:</u>	<u>T-Shirt Size:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**T-Shirt Sizes:** (Choose 1 for each child) Child-M Child-L Adult-S Adult-M Adult-L Adult-XL Other \_\_\_\_\_

***This Is A Great Idea!*** Yes, I am willing to volunteer for one or more time slots on the VBC schedule:

**(PRINT)** NAME: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Wk/Cell Phone: ( ) \_\_\_\_\_

All Registration Forms & Full Payment **MUST** be returned by **Sunday, June 15, 2008.**

Mail or drop-off completed forms & fees to the Rectory Office

St. Dismas Church 2600 Sunset Ave., Waukegan, IL 60087

Parents Signature: \_\_\_\_\_

Parents Full Address: \_\_\_\_\_  
 \_\_\_\_\_

**Must Complete Both Sides . . .**

# **Emergency Information - 2008 Bible Camp (PLEASE PRINT)**

Mother Name: \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Father Name: \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

1<sup>st</sup> Contact (after parents): \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_