

Participant Registration Form- Vacation Bible School

“Radical Ride on the Wings of Prayer”

Information: **Ages 4-11. August 6 -August 9, 2024 @ 9:00 am – 12:00 Noon (each day)**

St Anthony’s Parish
2704 56 Ave
Lloydminster AB
Office Phone: 780-875-2883
Email: stanthony@shaw.ca

Individual Registration \$40
Family (**Three or more**): \$90
Early Registrants Or If you volunteer: \$35 (each child)
Cash or Cheques can be made payable to: St. Anthony’s Parish
E:transfer: stanthony.lloyd@caedm.ca
Registration Deadline: Friday July 26

Child’s Information:

Full Name: _____

Address: _____

Sex: (circle one) M F Birthdate (dd/mm/yy): _____ Grade completed: _____

Any Allergies, Dietary, Medical Conditions, Emotional, Mental or Behavioral Concerns? :

Family Information:

Mother’s Name: _____

Father’s Name: _____

Hm: _____ Wk: _____

Hm: _____ Wk: _____

Cell: _____

Cell: _____

Email : _____

Email : _____

Please list the Names & Phone #'s of anyone else who may be picking up your child:

Emergency Contact & Medical Information:

Name of Emergency Contact: _____ Phone # _____

Medical Number: _____ Name of Family Doctor _____

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 release and forever discharge Edmonton Archdiocese, and St Anthony's Parish Lloydminster 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

Please contact the Parish Office at 780-875-2883 if you have any questions, or need to discuss financial assistance.

 Please check this box and initial _____ if you do ***NOT*** want your child’s picture in any future promotional materials ie: St. Anthony’s website – No names will be used.

VBS Snack Schedule

(All participants are asked to bring a snack to share on their scheduled day)

Last name starting with:

A-G – Tuesday, August 6, 2024

H -M– Wednesday, August 7, 2024

N-Z - Thursday, August 8, 2024

Friday, August 9, 2024 PIZZA PARTY

St Anthony's Parish Vacation Bible School

“Radical Ride on the Wings of Prayer”

August 6 (Tuesday) - August 9 (Friday), 2024

9am - 12 pm each day, for kids ages 4-11.

Calling all Parent/Student Volunteers!

Please consider helping us on these special days of fun!

If you are interested in helping our kids learn their Catholic faith in a fun and exciting way, please return this form to The Parish Office or Send an Email to: anthony2@shaw.ca or nicoletom@gmail.com

Yes! I want to help!

I am interested in helping with: *(please check as many as interest you)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Faith Teaching | <input type="checkbox"/> Fun Activities | <input type="checkbox"/> Registration/Sign-in |
| <input type="checkbox"/> Music | <input type="checkbox"/> First Aid | <input type="checkbox"/> Photo/Videography |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Decorating | <input type="checkbox"/> Sports Leader |
| <input type="checkbox"/> Preparing/Serving snacks | <input type="checkbox"/> Group Leader | <input type="checkbox"/> Other: _____ |

Name: _____

Address: _____

Phone Number: _____
(day) (evening)

Email: _____

I Can help on : All Days These Days/Times Only _____

Student Volunteer Under 18 Parent Signature _____

Emergency Contact & Medical Information:

Name of Emergency Contact: _____ Phone # _____

Medical Number: _____ Name of Family Doctor _____

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Parent / Guardian Signature

Date

MEDIA RELEASE FORM CONSENT:

- Please check this box and initial _____ if you do ***NOT*** want your picture or your child's picture in any future promotional materials ie: St. Anthony's website – No names will be used.

Note: Student volunteers will earn stewardship hours.

Please contact the Parish Office at 780.875.2883 if you have any questions.