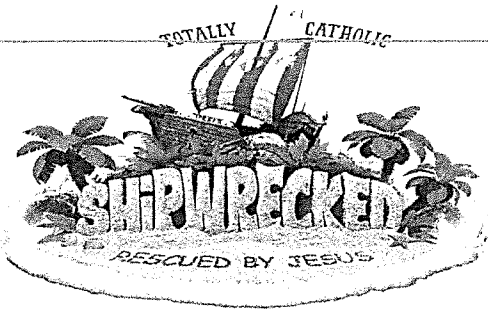


# OUR LADY OF GUADALUPE

7000 35th Ave. SW  
Seattle, WA 98126  
Attn: Vacation Bible School

For children Pre-K  
through 5th grade.



## 2018 Vacation Bible Camp Registration form

June 25-29

**\$60 Early Registration (by May 1st)**  
**\$75 Late Registration**  
*(Limited Capacity: 100 children)*  
**REGISTRATION CLOSING ON JUNE 20**

1. Child's Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

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

2. Child's Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

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

3. Child's Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

E-mail #1: (required for communication) \_\_\_\_\_

E-mail #2: \_\_\_\_\_

In case of emergency, a parent/guardian will be called first. Provide an alternate contact if that person cannot be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

Parish or other church (if not OLG): \_\_\_\_\_

Person(s) permitted to pick up your child: \_\_\_\_\_

Would you like to hear about volunteer opportunities at VBC?: Y \_\_\_\_\_ N \_\_\_\_\_

(childcare provided for volunteers)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Payment will secure placement of the first 100 campers)*

An emergency medical form must also be completed (on back). If your child has been in Sunday School at Our Lady of Guadalupe in the 2016-2017 year, we already have your form on file.

**Information:** Marion Kari or Helen Oesterle, 206-935-0358



# Our Lady of Guadalupe Parish

## 2017-2018 Emergency Medical Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Program: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ (zip) \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if diff.) \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

(For Parents/Guardians): I give permission for my child/children to participate in the Family Faith Formation Programs for 2017-2018. In consideration of this opportunity and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Seattle, Our Lady of Guadalupe, their agents, employees and officers and the chaperones, leaders, organizers, sponsors and persons transporting my child to and from activities. Neither the Archdiocese, the Parish, nor said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of these activities. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be reached, I *hereby authorize emergency medical treatment be administered.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In case of injury/illness contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If above referenced person cannot be reached  
contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies: \_\_\_\_\_  
\_\_\_\_\_

Known health limitations: \_\_\_\_\_  
\_\_\_\_\_

**Does your child have any behavioral or learning challenges? Please describe below:**

\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_ No \_\_\_ I give my permission for photos to be taken of my child/children at parish-sponsored events and for those photos to be used on the Parish Web page.