

Youth Volunteers for Vacation Bible School Registration for 2011

July 18th -22nd

Student Name: _____	Sex: _____
Date of Birth: ____/____/____	Allergies: _____ Medications: _____
School Attending: _____	Entering Grade: _____ Shirt Size: _____

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Please write volunteer's name in the area(s) he/she would like to help in:

Crafts _____ Child care _____ Skits/opening & closing program _____

Outdoor games _____ Snack prep _____ Class helper _____

Other _____ No preference _____

Family Information: Please fill out completely and clearly

Family's Last Name: _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Mailing Address: _____

Phone Numbers: (H): _____

(W): _____ (C): _____

E-mail: _____

2nd E-mail: _____

Emergency contact:

_____ **Relationship:** _____ **Phone:** _____

Family Status: ___ **Two-parent Family** ___ **Single-parent Family** ___ **Blended Family**

Is there a Parent Custodial Order? If so, please explain:

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date

Parent/Guardian Signature