

PandaMania
VBC Registration
Aug 1-5, 2011

Child's Name _____
Nickname/preferred name _____
Parent(s) name(s) _____
Home address _____
Home phone _____ Cell (Mom) _____
Work phone _____ Cell (Dad) _____
Parent's email address _____
Child's age _____ Last grade completed _____

List **ALL** adults who may pick up your child:

Self: _____

Children will **NOT** be allowed to leave with anyone not listed, including relatives, **there are NO EXCEPTIONS!**

List all allergies (food, environmental) or medical conditions we should be aware of. If your child needs access to EpiPen or rescue inhalers, please note below. These medications should be sent with your child, clearly marked.

In case of emergency, when parent cannot be reached, please contact:

Name: _____ Relationship _____
Home phone _____ cell _____

Medical release

In Event of an emergency where medical treatment is required, I give my permission to the staff to obtain services from a licensed medical provider. I release the Diocese of Fall River, Sacred Heart Parish and the camp staff of all responsibilities in the event of injury to my child.

Signature of parent/guardian _____ date _____