

**VBC Registration
Baobab Blast
Aug 2-6, 2010**

Child's Name _____
Nickname/preferred name to be called _____
Parent (s) name _____
Home address _____
Home Phone _____ Cell Phone _____
Work Phone _____ Cell Phone _____
Parent's email address _____
Child's age _____ Last school grade completed _____

List ALL adults who you give permission to release your child to:
Self: _____

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

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

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

Name _____
Phone _____ Cell Phone _____
Relationship to child _____

In the event of an emergency where medical treatment is required, and I am not able to be contacted, 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 liabilities in the event of injury to my child.

Signature of parent/guardian _____ Date _____

