

Vacation Bible School Volunteer Registration.



Event Timing: June 5th-9th 2023. Monday- Friday 8:45am – Noon.

Event Address: Most Holy Trinity Parish, 1300 N Greasewood Road, Tucson AZ 85745.

Fee: \$ 10.00 payable at registration.

Registration includes; 1 tee shirt, daily snacks, and group and crew pictures.

Contact us at (520) 884-9021 or smcmanus@mhtparish.org

Student Volunteer Information:

Name: _____

Gender: (circle one) M F DOB: _____ Age: _____ Grade completed: _____

T-shirt size: Adult sizes (circle one) S M L XL Child sizes (circle one) S M L

Food/Seasonal/other Allergies or Medical conditions: _____

Health Insurance and Id# (if applicable) _____

Phone # Home: _____ Work: _____ Cell: _____

Email: _____

Mom/Dad's Name(s): _____

Phone # Home: _____ Work: _____ Cell: _____

Email: _____

Guardian's Name(s): _____

Phone # Home: _____ Work: _____ Cell: _____

Email: _____

Adult Volunteer Information: MUST BE OVER 18 years of age and a Registered Volunteer.

Name: _____

Gender: (circle one) M F Registered Volunteer Yes ☐ No ☐ Where? _____

T-shirt size: Adult sizes (circle one) S M L XL

Food/Seasonal/other Allergies or Medical conditions: _____

Health Insurance and Id# (if applicable) _____

Phone # Home: _____ Work: _____ Cell: _____

Email: _____

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 child in the event that myself or other legal guardian (s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish from all manners of actions, claims which I or the child named above shall or may have 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 the future advertisement of the Parish VBS programs. Any other use will require further consent.

Parent/Guardian Signature

Date

