



At St. Aloysius Catholic Church, June 19 – 23, 9am – Noon

Teen Volunteer Sign-up Form

(One form per volunteer, please)

*Teen First Name: _____ *Teen Last Name: _____
Nick Name: _____ Age: _____ Gender: Male Female Grade entering: _____
Home Parish (if applicable): _____
Allergies (especially food): _____
Medical Issues or Special Needs: _____
Age- group &/or Activity Preference: PreK-K 1/2 3/4 5/6 Crafts Stories Snacks Games Songs
*Parent Name: _____
*Address: _____
*City: _____ *State: _____ Zip: _____
*Email: _____
*Home Phone Number: _____ Cell Phone Number: _____
Other Phone Number: _____
Emergency Contact: _____ Emergency Phone: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named parish permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Serve: I give permission for my child (named above) to serve at the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church.

Parent Signature

Date