



Teenage Volunteer's Name _____ Age _____ Sex _____ Grade _____

2017-2018

Address _____ City _____ Zip _____

Circle T-shirt size: **AS** (34-36) **AM** (38-40) **AL** (42-22) **AXL** (46-48) **A2XL** (50-52)

Home Phone () _____ Cell Phone () _____

Mother's Name _____ Cell Phone () _____

Father's Name _____ Cell Phone () _____

Emergency Contact if a parent cannot be reached _____ Phone _____

List any allergies, medical condition or medication we should be aware of: _____

Crew Leader Partner Requested (Just one) _____

(We cannot guarantee those registering after May 15 will get the T-shirt size requested OR the crew leader partner requested. If you have any questions, please call 409-948-8448.)

PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my child's picture to be used in a Power Point presentation during the event and possibly on the parish website and for my child to participate as a crew leader. We understand that teenage leaders must be able to commit to being there all five days for the hours of 8:30 a.m. – Noon so all crews will be properly covered with supervision. Please note: Cell phones are not be used during the VBS sessions.

Signature (Parent/Guardian)

Date

Teenage Leader Signature

Date