

VBS 2024! Teen Volunteer Registration

Sponsored by:

Catholic Communities of Warren and Trumbull County North

at:

Blessed Sacrament Parish
3020 Reeves Rd. NE, Warren, OH

June 10-14, 9:15 am-Noon*

Space is limited - Registration Due by June 1

***Friday Closing Celebration**

Families arrive at 11:00am ~ Lunch is included



TEENS ARRIVE EVERY DAY AT 8:45 AM

VBS Medical Release / Registration Form

Teen's Name _____

Parent/Family/Guardian Name _____

Address _____

Parent Primary Email Address _____

Phone Numbers Home _____ Cell _____ Work _____

Date of birth _____ Age as of 6/12/24 _____ Last school grade completed _____

Parish or Church _____

Special Needs/Allergies/Medical Information/Other _____

Emergency Contacts

Name _____ Phone _____

Name _____

Phone _____

Name(s) of person(s) who may pick up this teen from VBS .

OVER FOR MEDICAL/PHOTOGRAPH/COMMUNICATION CONSENT

Today's Date _____

Name of Participant _____

Part 1: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital (circle one)

Trumbull, **330-841-9011**, Akron Children's Urgent Care, **330 856-9699** St. Joseph **330-841-4000**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any reasonably accessible hospital.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a doctor should be alerted:

ALLERGIES / MEDICAL CONDITIONS/ EDUCATIONAL SITUATIONS:

My child has an aide at school Yes No Please explain _____

Signature of Parent/Guardian _____

Relationship to child _____

Part 2: Refusal to Consent

I do **NOT** give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Church authorities to take the following action:

Signature of Parent/Guardian _____

Relationship to Student _____

Photo/Social Media Release The Catholic Communities of Warren and Trumbull County North have my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Signature of Parent/Guardian _____

Permission to Communicate: I give my consent to VBS adult leaders, Ana Prince and/or Tina McCue to communicate with my child via cell phone, text message and/or email.

Teen's cell phone _____ Text Yes: ____

No _____

Teen's email _____

Signature of Parent/Guardian _____