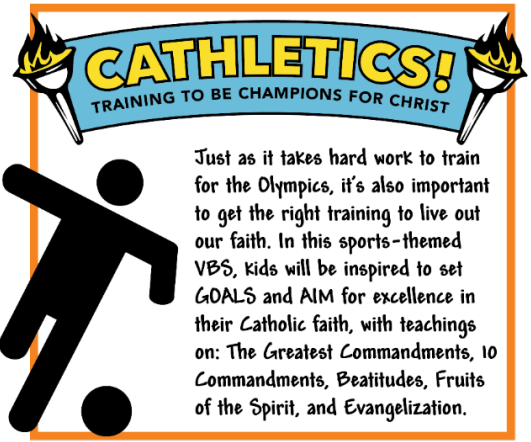


VBS 2026

TEEN REGISTRATION FORM



Just as it takes hard work to train for the Olympics, it's also important to get the right training to live out our faith. In this sports-themed VBS, kids will be inspired to set GOALS and AIM for excellence in their Catholic faith, with teachings on: The Greatest Commandments, 10 Commandments, Beatitudes, Fruits of the Spirit, and Evangelization.

VBS LOCATION:

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

VBS SETUP DATES (Teen volunteers attend)

- Wed June 3rd 6:30 pm -8:30 pm
- Thurs June 4th 9:30 am-12:30 pm
- Sat June 6th 1:30 pm-4pm

****NEW**VBS Volunteer Mass:** All VBS Volunteers will go to the 4pm Sat. Mass together on Saturday, June 6th at Blessed Sacrament to conclude the setup week & pray for the success of VBS.

TEEN VOLUNTEER AGE:

6th-12th graders may volunteer for Vacation Bible School as "teen volunteers."

VBS DATES:

Mon-Fri June 8th-12th

IMPORTANT:

TEENS ARRIVE EVERY DAY of VBS WEEK AT 9:00 AM and are picked up at 12:30, except Friday pickup is when VBS cleanup is completed (around 2:30 or 3pm)

VBS Medical Release / Registration Form

Teen's Name (First, Middle, Last) _____

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 _____

AREAS OF INTEREST (circle all that apply): Assistant Group Leader Craft Games Snack Skit

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

If this teen drives, do you give consent for this teen to drive to and from Vacation Bible School? Yes No

Signature of Parent/Guardian _____

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**

Insurance (if applicable): _____

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 Parish Visitors of Mary Immaculate, the Catholic Communities of Warren, Niles, 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 Sister Alina Marie to communicate with my child via cell phone, text message and/or email.

Teen’s cell phone _____

Teen’s email _____

Signature of Parent/Guardian _____