



**ST. MARIA GORETTI 2023  
VACATION BIBLE SCHOOL**

DATE: June 26<sup>th</sup> - 30<sup>th</sup>, 2023  
9:00am - 12:00pm

Children AGE 4 YEARS THROUGH Grade 5  
YOUTH GOING INTO Grades 6th, 7th,  
8th can be JUNIOR HELPERS

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CHILD NAME \_\_\_\_\_ Age \_\_\_\_\_ Grade in the fall \_\_\_\_\_ Male or Female  
T-SHIRT SIZE (PLEASE CIRCLE SIZE) Youth XS S M L Adult S M L XL XXL

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T-SHIRT SIZE (PLEASE CIRCLE SIZE) Youth XS S M L Adult S M L XL XXL

**COST: One child through 8<sup>th</sup> grade -\$40 \* Two children in same household - \$55 \* 3 or more children \$70**  
Registration: Complete once payment is received \* Please make payment in Cash or Check only\*

**Volunteer Opportunities for Adults and High School Students**

Name \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
T-Shirt Size: \_\_\_\_\_ High School: Name \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parents Email Required: \_\_\_\_\_ Parents Cell # Required: \_\_\_\_\_

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident, person(s) will not hold St. Maria Goretti Catholic Church, The Diocese of Phoenix, any volunteer or chaperone responsible. I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of Arizona or any other state. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_

**Please list any known allergies, health problems, or current medications:** \_\_\_\_\_

I/WE CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON(S) IS/ARE AUTHORIZED TO ACT ON MY/OUR BEHALF:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to participant(s): \_\_\_\_\_