



ST. MARIA GORETTI 2024  
 VACATION BIBLE SCHOOL  
 DATE: JUNE 10<sup>th</sup> - 14<sup>th</sup>, 2024  
 TIME 9:00AM - 12:00PM  
**CHILDREN AGE 4 THROUGH 5<sup>TH</sup> GRADE**  
 YOUTH GOING INTO 6th, 7th, 8th GRADE  
 Can be Junior Leaders

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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**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**

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 **School Students** 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): \_\_\_\_\_