

I realize all of the positions require a five day commitment the week of VBS. I will attend one meeting before VBS, in June in the Parish Center, date to be determined.

**NO CELL PHONES ALLOWED DURING VBS HOURS,
CELL PHONES WILL BE COLLECTED DAILY.**

Signature of Teen Volunteer _____

T-Shirt Size: **Youth** - M L or **Adult** - S M L XL XXL

Cost of T-Shirt + snacks is \$15.00 Paid Cash _____ Paid Check _____

Make checks payable to St. Mark.

DELIVER Completed Registration & Payment to Parish Office or mail to
1105 W. 15th Street, Plano TX 75075, attn.: VBS

Teen Emergency Contact and Medical Information

Parent 1: _____
Last Name First Name

Parent's Cell # _____ Email _____

Alternate phone # _____

Parent 2: _____
Last Name First Name

Parent's Cell # _____ Email _____

Alternate phone # _____

Medical Insurer _____

Policy# _____ Group# _____

Medical Conditions _____

Allergies _____ Drug Allergies _____ Asthma _____

Current Medications _____

Special Needs _____

WAIVER/AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I, who by law may do so, authorize the administration of emergency medical treatment for the subject of this release form. I understand that all reasonable safety precautions will be taken during this event. I will not hold St. Mark the Evangelist Catholic Church, members of the staff or volunteers responsible for accidental harm or injury that may occur during this event. I understand that, in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on this form immediately.

Parent Signature is required _____

Date _____