



Participant's Name: _____ Gender: ____ Age: ____

Child Camper

Teen Volunteer

Adult Volunteer

Name of Parent(s): _____

Best Phone Number(s): _____

Home Address: _____

Email Address: _____

Parish: _____

List ANY Special Concerns, Food or Drug Allergies*	Emergency Contacts & Phone Numbers

I give my child permission to participate in all activities and programs during St. Mark's Parish's Vacation Bible School. I agree that the parish will not be held responsible for accidents or persons injured arising there from. I understand that although St. Mark's does strive to provide a safe food environment, it recommends children with severe food allergies bring their own snacks. I also realize that my child may be in photographs taken during VBS and that I waive the right to inspect or approve the photo if used for publications within the church community and/or diocese.

Parent Signature: _____ Date: _____

*If your child needs an EpiPen, inhaler or has other medical concerns please speak with Claudia Dominguez before camp begins.

Registration: Cost is \$35 per child for campers age 4-12. There are a limited amount of spots for children age 4 & 5 filled on a first-come, first-serve basis. Please make checks payable to St. Mark the Evangelist Parish and mail to 1 South Road, Londonderry, NH 03053.

FOR CHURCH USE ONLY:

Registration fee paid: _____ Cash: _____ Check: ____ Crew: _____