



Saint Margaret Mary Parish  
**POLAR BLAST VBS:**  
**Where Jesus' love is cool!**

Registration/health form; "Space" is limited!  
Feb. 20 & 21; 9:30-2:00 participants; 9:00-2:30 volunteers

Participant name: \_\_\_\_\_ Age \_\_\_\_\_

What grade in Sept. 2017? \_\_\_\_\_ Participant (PreK- Gr. 5) Y\_\_\_ N\_\_\_\_\_

High School Y\_\_\_N\_\_\_\_\_ Tee shirt size: \_\_\_\_\_ Middle School Y\_\_\_\_N\_\_\_\_\_ Tee shirt size: \_\_\_\_\_

Participant address: \_\_\_\_\_ Parent/guardian email: \_\_\_\_\_

Parent/guardian (day) phone: \_\_\_\_\_ Parent/guardian (evening) phone: \_\_\_\_\_

Participant allergies, chronic illness, or other conditions:

\_\_\_\_\_  
*(Please list all as we will be serving a snack, lunch and dessert daily.)*

Health information/issues/restrictions of which we should be aware: \_\_\_\_\_

Please note ALL medications your participant(s) is /are currently taking (including frequency & dosage)

Family Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Person to contact in case of an emergency: Name: \_\_\_\_\_

Relationship to participants: \_\_\_\_\_ Phone: \_\_\_\_\_

Parental Release: In signing this form, I hereby certify that the above information is correct and give permission for my child to be transported to and from this activity. I give permission for the release of medical records to an attending physician in case of injury or illness.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter as named herein.

I agree that no liability is assumed by the Archdiocese of Boston, St. Margaret Mary Parish or St. Margaret Mary Rel. Ed. & Youth Ministry Program for claims that may arise out of this activity.

I agree that any photo or video of my child may be taken during Polar Blast VBS and posted in the buildings of St. Margaret Mary Parish, Westwood and on the Saint Margaret Mary Parish website/facebook for the sole purpose of promoting God, our faith and this parish activity.

Parent(s)/Guardian(s) name(s): \_\_\_\_\_

Parent(s)/guardian(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parish: \_\_\_\_\_ Town: \_\_\_\_\_

Total number of sibling participants attending: \_\_\_\_\_

Please return form with fee (\$30 per participant/\$20 per helper) to  
St. Margaret Mary Parish 845 High Street Westwood, MA 02090

Checks made payable to: St. Margaret Mary Parish (Please note on check: Polar Blast VBS)  
Financial Aid is available. All requests confidential.

Don't let \$\$ keep your child(ren) from learning how cool is Jesus love !