

ST. MATTHEW THE APOSTLE EPISCOPAL CHURCH

7410 SUNSET DRIVE † MIAMI, FL 33143
STMATTHEWMIAMI.ORG † 305-665-7333



PARTICIPANT REGISTRATION FORM

Child's Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Age _____ Grade Level entering in Fall _____

Allergies _____

Physician Name _____ Phone No. _____

Insurance Company _____ Policy No. _____

Guardian / Contact Information:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone #s: Cell _____ Home _____ Work _____

Release From Liability

I, the undersigned, hereby grant my child (full name) _____ permission to participate in **Vacation Bible School, June 18-22, 2018 from 9:00 a.m. - 12:30 p.m.**, being sponsored by St. Matthew Church. I also authorize the sponsors of this event as for me to consent to any medical, dental, surgical, treatment and care deemed necessary in the event of an emergency. I expect to be notified as soon as possible. By my signature to this statement of permission, I hereby release and hold harmless St. Matthew Church and the individual sponsor(s) from all liability of mishap for injury to my child named above while attending this activity.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

When completed, mail to the above address or email to stmatthewepis@bellsouth.net.